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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Vanderbilt University Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1161 21st Ave S Suite D3300 MCN

City or town, state or province, country, and ZIP or foreign postal code
Nashville, TN 37232

F Name and address of principal officer:
Jeffrey R Balser MD PhD
1161 21st Ave S Suite D3300 MCN
Nashville, TN 37232

D Employer identification number
35-2528741

E Telephone number
(615) 322-2381

G Gross receipts \$ 5,376,227,663

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.vumc.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2015

M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O, Form 990, Part III, Line 1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 11
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 29,088
6 Total number of volunteers (estimate if necessary) 6 1,695
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 38,541,848
b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Prior Year Current Year
378,866,982 401,620,114
4,131,265,400 4,496,378,453
30,240,637 23,586,023
5,258,267 8,684,001
4,545,631,286 4,930,268,591

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶14,574,624
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12
2,290,907,193 2,495,793,963
44,900 490,000
1,923,687,261 2,123,706,272
4,323,710,322 4,747,491,245
221,920,964 182,777,346

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20
Beginning of Current Year End of Year
3,446,397,770 5,245,976,412
2,232,215,968 3,843,991,040
1,214,181,802 1,401,985,372

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Cecelia B Moore CFO & Treasurer
Type or print name and title
2021-05-03
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ Ernst & Young US LLP
Firm's address ▶ 55 Ivan Allen Blvd Suite 1000
Atlanta, GA 30308
Preparer's signature
Date
Check ☐ if self-employed
PTIN P01598400
Firm's EIN ▶ 34-6565596
Phone no. (404) 874-8300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

See Schedule O Form 990, Part III, Line 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,121,990,445 including grants of \$ 21,006,618) (Revenue \$ 4,031,719,721)

See Additional Data

4b (Code:) (Expenses \$ 730,655,210 including grants of \$ 106,494,392) (Revenue \$ 165,320,365)

See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

(Code:) (Expenses \$ 103,996,206 including grants of \$ 0) (Revenue \$ 304,203,282)

4d. Other Program Services - Other program services include public health service, academic support, institutional support, and other auxiliary services. Vanderbilt University Medical Center engages in a variety of public service projects, including, but not limited to formulating new approaches to increase health, safety, quality and outcomes, while decreasing total costs; and many other sponsored community health and educational programs. To read more about VUMC's role in the community, visit <https://www.vanderbilthealth.com/main/38766>**4d** Other program services (Describe in Schedule O.)
(Expenses \$ 103,996,206 including grants of \$) (Revenue \$ 304,203,282)**4e** Total program service expenses **▶** 3,956,641,861

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2,147	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 29,088			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: ►MZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Scott Phillips 3319 West End Ave Suite 700 Nashville, TN 37203 (615) 322-2381

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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Part VIII Statement of Revenue														
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>														
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a												
	b Membership dues . . .	1b												
	c Fundraising events . . .	1c	412,559											
	d Related organizations	1d												
	e Government grants (contributions)	1e	292,874,541											
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,333,014											
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,863,556											
	h Total. Add lines 1a-1f ▶											401,620,114		
Program Service Revenue			Business Code											
	2a NET PATIENT SERVICE REVENUE	622110		4,031,719,721		4,020,776,908		10,942,813						
	b ACADEMIC AND RESEARCH REVENUE	611310		165,320,365		165,320,365								
	c OTHER PROGRAM REVENUE	611310		299,338,367		271,738,790		27,599,577						
	d													
	e													
	f All other program service revenue.			0		0		0		0				
	g Total. Add lines 2a-2f. ▶	4,496,378,453												
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			17,866,195				-542		17,866,737				
	4 Income from investment of tax-exempt bond proceeds ▶													
	5 Royalties ▶			568,997						568,997				
			(i) Real	(ii) Personal										
	6a Gross rents	6a	7,628,350											
	b Less: rental expenses	6b	4,452,330											
	c Rental income or (loss)	6c	3,176,020	0										
	d Net rental income or (loss) ▶			3,176,020						3,176,020				
			(i) Securities	(ii) Other										
	7a Gross amount from sales of assets other than inventory	7a	447,102,815	5,000										
	b Less: cost or other basis and sales expenses	7b	441,382,212	5,775										
	c Gain or (loss)	7c	5,720,603	-775										
	d Net gain or (loss) ▶			5,719,828						5,719,828				
	8a Gross income from fundraising events (not including \$ 412,559 of contributions reported on line 1c). See Part IV, line 18		8a	192,824										
	b Less: direct expenses		8b	118,755										
	c Net income or (loss) from fundraising events . . . ▶			74,069						74,069				
	9a Gross income from gaming activities. See Part IV, line 19		9a											
	b Less: direct expenses		9b											
	c Net income or (loss) from gaming activities . . . ▶													
	10a Gross sales of inventory, less returns and allowances . . .		10a											
	b Less: cost of goods sold . . .		10b											
	c Net income or (loss) from sales of inventory . . . ▶													
Miscellaneous Revenue			Business Code											
11a REVENUE FROM UNCONSOLIDATED ORGS			900099		4,864,915		4,864,915							
b														
c														
d All other revenue					0		0		0					
e Total. Add lines 11a-11d ▶					4,864,915									
12 Total revenue. See instructions ▶					4,930,268,591		4,462,700,978		38,541,848					
									27,405,651					

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,798,504	93,798,504		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	29,543,729	29,543,729		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,158,777	4,158,777		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,603,388	1,156,217	13,115,281	1,331,890
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	70,805	70,805		
7 Other salaries and wages	2,038,776,323	1,798,588,560	233,756,158	6,431,605
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	69,405,793	58,448,191	10,616,510	341,092
9 Other employee benefits	243,087,877	204,711,274	37,182,001	1,194,602
10 Payroll taxes	128,849,777	108,508,186	19,708,390	633,201
11 Fees for services (non-employees):				
a Management	3,878,253	1,496,588	2,381,665	
b Legal	14,884,359	2,363,900	12,520,459	
c Accounting	1,186,367	235,639	950,728	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	490,000			490,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	424,339,787	152,111,204	271,300,230	928,353
12 Advertising and promotion	13,611,546	10,905,300	2,648,958	57,288
13 Office expenses	123,074,283	102,687,740	19,012,022	1,374,521
14 Information technology	69,256,542	18,137,199	51,099,577	19,766
15 Royalties				
16 Occupancy	252,945,846	197,315,814	54,221,310	1,408,722
17 Travel	13,080,105	11,322,790	1,706,606	50,709
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,530,092	7,935,423	1,564,976	29,693
20 Interest	65,481,030	59,244,849	6,236,181	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,654,101	95,301,238	31,352,863	
23 Insurance	20,775,940	20,775,940		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS AND MEDICAL SUPPLIES	964,524,592	961,650,748	2,873,844	
b OTHER ACADEMIC AND RESEARCH	7,253,992	4,082,856	2,919,401	251,735
c TAXES	1,938,883	1,938,883		
d GIFTS AND COMMUNITY CONTRIBUTIONS	618,116	243,741	374,375	
e All other expenses	10,672,438	9,907,766	733,225	31,447
25 Total functional expenses. Add lines 1 through 24e	4,747,491,245	3,956,641,861	776,274,760	14,574,624
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		99,539,887	1	100,421,330	
	2	Savings and temporary cash investments		487,146,695	2	1,081,910,590	
	3	Pledges and grants receivable, net		87,235,924	3	88,949,099	
	4	Accounts receivable, net		541,122,404	4	561,776,513	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		2,017,476	7	2,595,666	
	8	Inventories for sale or use		75,407,394	8	104,602,507	
	9	Prepaid expenses and deferred charges		23,896,135	9	19,134,421	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,873,091,197			
	b	Less: accumulated depreciation	10b	501,293,207	1,395,095,153	10c	2,371,797,990
	11	Investments—publicly traded securities		710,597,482	11	884,876,754	
	12	Investments—other securities. See Part IV, line 11		21,479,653	12	23,234,060	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,859,567	15	6,677,482	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,446,397,770	16	5,245,976,412		
Liabilities	17	Accounts payable and accrued expenses		608,729,804	17	893,438,493	
	18	Grants payable			18		
	19	Deferred revenue		22,738,692	19	8,854,203	
	20	Tax-exempt bond liabilities		704,010,078	20	702,343,792	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		693,613,308	23	1,128,467,690	
	24	Unsecured notes and loans payable to unrelated third parties		31,507,613	24	29,236,084	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		171,616,473	25	1,081,650,778	
	26	Total liabilities. Add lines 17 through 25		2,232,215,968	26	3,843,991,040	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,058,285,779	27	1,215,432,577	
	28	Net assets with donor restrictions		155,896,023	28	186,552,795	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,214,181,802	32	1,401,985,372	
33	Total liabilities and net assets/fund balances		3,446,397,770	33	5,245,976,412		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,930,268,591
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,747,491,245
3	Revenue less expenses. Subtract line 2 from line 1	3	182,777,346
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,214,181,802
5	Net unrealized gains (losses) on investments	5	-28,804,870
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	33,831,094
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,401,985,372

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		No

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-2528741
Name: Vanderbilt University Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

Patient Services - See Schedule O Form 990, Part III, Line 4a

Form 990, Part III, Line 4b:

Academic and Scientific Research - See Schedule O Form 990, Part III, Line 4b

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey R Balser MD PHD President and CEO	40.0	X		X				2,791,658	0	718,179
David W Patterson MD Director	1.0	X						0	0	0
Edith Scott Carell Johnson JD Director	1.0	X						0	0	0
Gregory Scott Allen JD Director	1.0	X						0	0	0
John F Stein MBA Director	1.0	X						0	0	0
Michael M E Johns MD Director	1.0	X						0	0	0
Nicholas S Zeppos JD Director (Ended August 15, 2019)	1.0	X						0	0	0
Richard B Johnston Jr MD Director	1.0	X						0	0	0
Robert C Schiff Jr MD Director	1.0	X						0	0	0
Samuel E Lynch DMD DMSC Director	1.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Susan R Wente PHD Director (Beginning August 15, 2019)	1.0	X						0	0	0
Thomas J Sherrard III JD Director	1.0	X						0	0	0
C Wright Pinson MD MBA Deputy CEO and Chief Health System Officer	40.0			X				2,226,696	0	467,764
Cecelia B Moore MHA CPA CHFP CFO and Treasurer	39.8			X				1,306,007	0	285,458
John F Manning Jr PHD MBA COO and Corporate Chief of Staff	0.2 40.0			X				1,065,964	0	244,539
Michael J Regier JD General Counsel and Secretary	40.0			X				905,112	0	217,880
Charles L Gregory MA MBA MH CEO, Monroe Carell Jr. Children's Hospital at Vanderbilt	40.0				X			1,180,552	0	108,873
David R Posch EVP for Population Health	38.8				X			900,512	0	30,025
DAVID S RAIKORD MD Chief of Clinical Staff	1.2 40.0				X			908,373	0	181,882
Margaret G Rush MD MMHC President and Executive Medical Director, Monroe Carell Jr. Children's Hospital at Vanderbilt	40.0				X			551,528	0	31,419

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas S Nantais MBA EVP Adult Ambulatory	40.0				X			681,879	0	116,618
Traci K Nordberg JD Chief HR Officer	39.0				X			1,159,030	0	117,063
William W Stead MD Chief Strategy Officer	1.0				X			934,498	0	27,657
Zeena M Abdulahad MPA EVP and Chief Development Officer	40.0				X			727,053	0	139,375
Byron F Stephens II MD Asst Professor Comprehensive Spine Center	40.0					X		2,076,443	0	31,509
Ginger Holt MD Professor, Ortho-Oncology	40.0					X		1,465,080	0	50,143
Jacob P Schwarz MD Asst Professor Neurological Surgery	40.0					X		1,393,929	0	14,261
Paul Sternberg Jr MD CMO & VP Clinical Affairs	40.0					X		1,311,244	0	37,338
Scott L Parker MD Asst Professor Neurological Surgery	40.0					X		1,989,189	0	46,420
Mitchell C Edgeworth MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	0.0						X	362,467	0	53,888

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Vanderbilt University Medical Center

Employer identification number
35-2528741

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	47,625,339	302,808,739	355,841,563	378,866,982	401,620,114	1,486,762,737
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	47,625,339	302,808,739	355,841,563	378,866,982	401,620,114	1,486,762,737
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						0
6	Public support. Subtract line 5 from line 4.						1,486,762,737

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	47,625,339	302,808,739	355,841,563	378,866,982	401,620,114	1,486,762,737
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,162,150	22,888,201	29,004,907	21,476,633	26,063,542	101,595,433
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	800,563	4,280,652	4,127,008	4,324,295	5,057,739	18,590,257
11	Total support. Add lines 7 through 10						1,606,948,427
12	Gross receipts from related activities, etc. (see instructions)					12	16,556,212,462
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2018 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>					

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10	THE AMOUNT REPORTED ON LINE 10 COMPRISES GROSS FUNDRAISING REVENUE of \$192,824 AND REVENUE FROM UNCONSOLIDATED ORGANIZATIONS of \$4,864,915.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - UNCONSOLIDATED ORGS AND FUNDRAISING, COLUMN A - 800563.0, COLUMN B - 4280652 .0, COLUMN C - 4127008.0, COLUMN D - 4324295.0, COLUMN E - 5057739.0, COLUMN F - 18590257. 0;

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Vanderbilt University Medical Center	Employer identification number 35-2528741
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	249,219	
c Total lobbying expenditures (add lines 1a and 1b)	249,219	
d Other exempt purpose expenditures	4,706,945,250	
e Total exempt purpose expenditures (add lines 1c and 1d)	4,707,194,469	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	312,352	335,413	379,409	249,219	1,276,393
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-A, Line 2	VUMC duly filed Federal Form 5768 electing to have the provisions of 501(h) apply to its tax year ending June 30, 2015. This election was not revoked prior to VUMC's tax year beginning July 1, 2019.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Vanderbilt University Medical Center

Employer identification number
35-2528741

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ 200

(ii) Assets included in Form 990, Part X ► \$ 631,169

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☒ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	141,833,236	122,002,502	97,918,225	79,588,874	0
b Contributions	15,676,038	17,463,426	18,514,911	11,330,429	78,782,338
c Net investment earnings, gains, and losses	5,609,226	6,206,602	8,271,392	10,665,314	1,142,039
d Grants or scholarships					
e Other expenditures for facilities and programs	4,052,550	3,839,294	2,702,026	3,666,392	335,503
f Administrative expenses					
g End of year balance	159,065,950	141,833,236	122,002,502	97,918,225	79,588,874

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 66.72 %

b

Permanent endowment ▶ 29.22 %

c

Temporarily restricted endowment ▶ 4.06 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,799,937		40,799,937
b Buildings		1,189,614,269	268,059,248	921,555,021
c Leasehold improvements		86,868,740	19,574,386	67,294,354
d Equipment		617,996,310	139,254,908	478,741,402
e Other		937,811,941	74,404,665	863,407,276
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,371,797,990

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,081,650,778

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-2528741
Name: Vanderbilt University Medical Center

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Fair Value of Interest Rate Swap Agreements	
Tenant Improvement Allowances	
Note Payable to Related Organization	
Note Payable to Related Organization	
Fair Value of Interest Rate Swap Agreements	
Tenant Improvement Allowances	
Capital Leases	
Note Payable to Related Organization	
Fair Value of Interest Rate Swap Agreements	
Short Term Lease Liabilities	70,062,059

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Operating Lease Liabilities	797,811,293
Note Payable to Related Organization	95,563,419
Fair Value of Interest Rate Swap Agreements	100,342,457
Tenant Improvement Allowances	279,245
Asset Retirement Obligations	6,500,829
Shared Savings Payable	11,091,476

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS ARE UTILIZED TO GENERATE EARNINGS AND SUBSEQUENT DISTRIBUTIONS FOR THE USE OF FUNDING MEDICAL RESEARCH, MEDICAL CHAIRS IN CLINICAL DEPARTMENTS, MEDICAL TRAINING FELLOWSHIPS, MEDICAL DIRECTORSHIPS, AND OTHER PROGRAMS CONSISTENT WITH THE MISSION OF THE INSTITUTION.

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	VUMC MAINTAINS VARIOUS COLLECTIONS OF ART AND SIMILAR ASSETS. SUCH COLLECTIONS INCLUDE, BUT ARE NOT LIMITED TO, PAINTINGS, PHOTOGRAPHY, SCULPTURES AND OTHER SIMILAR ITEMS. ALL SUCH COLLECTIONS FURTHER VUMC'S EXEMPT PURPOSE BY PROVIDING CULTURAL, HISTORICAL, AND EDUCATIONAL OPPORTUNITIES TO VUMC STAFF AND PATIENTS AND THE COMMUNITY AT LARGE THROUGH EXHIBITS AND DISPLAYS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Vanderbilt University Medical Center

Employer identification number
35-2528741

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	13			4,860,019
b Total from continuation sheets to Part I	12	1,470			23,397,886
c Totals (add lines 3a and 3b)	12	1,483			28,257,905

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2. Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 31

3	Enter total number of other organizations or entities	6
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Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	Vanderbilt University Medical Center maintains a formal policy defining its procedures for monitoring the use of sponsored funds by subrecipients located outside of the United States who are performing a portion of a sponsored project externally awarded to Vanderbilt University Medical Center. The policy provides guidance to ensure that subrecipients conduct their portions of sponsored projects in compliance with laws, regulations, terms and conditions of awards and subawards, and that reimbursed costs incurred by subrecipients are allowed. The policy addresses the roles and responsibilities of central offices and departments of the Medical Center and describes the monitoring procedures for each area. The full text of Vanderbilt University Medical Center's subrecipient monitoring guidelines are available online at the following web address: https://www.vumc.org/administrators-resource/policies-procedures (Please use lowercase to access the website)

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>Vanderbilt University Medical Center maintains a formal policy defining its procedures for monitoring the use of sponsored funds by subrecipients located outside of the United States who are performing a portion of a sponsored project externally awarded to Vanderbilt University Medical Center. The policy provides guidance to ensure that subrecipients conduct their portions of sponsored projects in compliance with laws, regulations, terms and conditions of awards and subawards, and that reimbursed costs incurred by subrecipients are allowed. The policy addresses the roles and responsibilities of central offices and departments of the Medical Center and describes the monitoring procedures for each area. The full text of Vanderbilt University Medical Center's subrecipient monitoring guidelines are available online at the following web address: https://www.vumc.org/administrators-resource/policies-procedures (Please use lowercase to access the website)</p>

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 35-2528741

Name: Vanderbilt University Medical Center

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	48,148
East Asia and the Pacific	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	74,879

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	365,637
Middle East and North Africa	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	24,880

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	62,088
South America	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	13,590

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	,sending agents of the organization to attend and speak at seminars and conferences	N/A	46,243
Central America and the Caribbean	0	1	,Grantmaking-subcontracts	N/A	45,899

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	,Grantmaking-subcontracts	N/A	95,946
Europe (Including Iceland and Greenland)	0	1	,Grantmaking-subcontracts	N/A	254,255

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	,Grantmaking-subcontracts	N/A	131,093
Russia and Neighboring States	0	0	,Grantmaking-subcontracts	N/A	46,616

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	5	,Grantmaking-subcontracts	N/A	1,712,870
South Asia	0	0	,Grantmaking-subcontracts	N/A	28,853

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	6	,Grantmaking-subcontracts	N/A	1,843,245
Central America and the Caribbean	0	0	Program Services	Education and Health-Care	65,777

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Education and Research	80,312
Europe (Including Iceland and Greenland)	0	0	Program Services	Education and Research	187,292

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Program Services	Education and Research	17,134
North America (Canada & Mexico only)	0	0	Program Services	Education and Research	16,515

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and Neighboring States	0	0	Program Services	Research	2,119
South America	0	0	Program Services	Education, Health-Care, Research	48,558

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	Education	4,021
Sub-Saharan Africa	12	1,470	Program Services	Education, Health-Care, Research	23,041,935

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	23,472	Wire		N/A	N/A
		Sub-Saharan Africa	General	88,234	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	78,540	Wire		N/A	N/A
		Sub-Saharan Africa	Research	1,115,016	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	55,668	Wire		N/A	N/A
		South Asia	General	28,853	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	27,340	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Research	73,157	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General	155,213	Wire		N/A	N/A
		South America	Research	969,061	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	40,000	Wire		N/A	N/A
		Russia and Neighboring States	Research	46,616	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Research	45,899	Wire		N/A	N/A
		North America (Canada & Mexico only)	Research	31,525	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America (Canada & Mexico only)	Research	40,000	Wire		N/A	N/A
		Sub-Saharan Africa	Research	27,050	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America (Canada & Mexico only)	Research	37,922	Check		N/A	N/A
		Sub-Saharan Africa	Research	28,011	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General	21,125	Wire		N/A	N/A
		East Asia and the Pacific	Research	24,500	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General	15,120	Wire		N/A	N/A
		North America (Canada & Mexico only)	Research	21,646	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	501,617	Wire		N/A	N/A
		East Asia and the Pacific	Research	45,229	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	5,951	Wire		N/A	N/A
		Sub-Saharan Africa	General	13,271	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	104,366	Wire		N/A	N/A
		Sub-Saharan Africa	General	31,180	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	34,015	Wire		N/A	N/A
		South America	Research	128,177	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	25,920	Wire		N/A	N/A
		East Asia and the Pacific	Research	26,217	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	37,277	Wire		N/A	N/A
		South America	Research	40,000	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General	33,404	Wire		N/A	N/A
		Sub-Saharan Africa	General	15,930	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	General	115,017	Wire		N/A	N/A

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Celebrity Golf Classic (event type)	(b) Event #2 Friends in Fashion (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	160,717	108,041	336,625	605,383
	2 Less: Contributions	49,737	105,461	257,361	412,559
	3 Gross income (line 1 minus line 2)	110,980	2,580	79,264	192,824
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			14,297	14,297
	7 Food and beverages	19,569		23,948	43,517
	8 Entertainment	1,200	229	17,646	19,075
	9 Other direct expenses	13,838	1,901	26,127	41,866
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				118,755
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				74,069

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Schedule G, Part I, Line 2b(v) LINE 2B COLUMN (V) AMOUNT PAID TO FUNDRAISER LISTED IN COLUMN (I)	THE TOTAL AMOUNT PAID TO MARKETEAM, LLC WAS \$1,077,856, WHICH INCLUDES PROFESSIONAL FUNDRAISING FEES AND EXPENSES. THE CONTRACT BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND MARKETEAM, LLC CALLS FOR THE REIMBURSEMENT OF FUNDRAISING EXPENSES INCURRED BY MARKETEAM, LLC, SUCH AS PRINTING AND POSTAGE, WHICH ARE INVOICED SEPARATELY FROM PROFESSIONAL FUNDRAISING EXPENSES. MARKETEAM, LLC PROVIDES CONSULTING SERVICES FOR VANDERBILT UNIVERSITY MEDICAL CENTER'S OVERALL FUNDRAISING PROGRAM AND DOES NOT RAISE FUNDS FOR VANDERBILT UNIVERSITY MEDICAL CENTER OR HELP RAISE FUNDS FOR A SPECIFIC PURPOSE.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Vanderbilt University Medical Center

Employer identification number
35-2528741

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			112,116,650		112,116,650	2.36 %
b Medicaid (from Worksheet 3, column a)			803,877,857	693,843,498	110,034,359	2.31 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	915,994,507	693,843,498	222,151,009	4.67 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,244,953	185,069	5,059,884	0.11 %
f Health professions education (from Worksheet 5)			216,458,784	53,470,000	162,988,784	3.43 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			690,595,943	549,512,090	141,083,853	2.97 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0 %
j Total. Other Benefits	0	0	912,299,680	603,167,159	309,132,521	6.50 %
k Total. Add lines 7d and 7j	0	0	1,828,294,187	1,297,010,657	531,283,530	11.17 %

Part II

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1 Yes

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2 33,050,460

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3 4,235,065

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

5 448,538,881

6 Enter Medicare allowable costs of care relating to payments on line 5

6 713,328,876

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

7 -264,789,995

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

9a Yes

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

9b Yes

Part IV

Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Ambulatory Surgery Center of Cool Springs LLC	Ambulatory Surgery Center	51.02 %	0 %	13.26 %
2 Vanderbilt Imaging Services LLC	Radiology Services	62.67 %	0 %	37.33 %
3 New Light Imaging LLC	Outpatient Diagnostic Imaging	66.67 %	0 %	33.33 %
4 One Hundred Oaks Imaging LLC	Outpatient Diagnostic Imaging	77.6 %	0 %	22.4 %
5 Williamson Imaging LLC	Outpatient Diagnostic Imaging	50.14 %	0 %	49.86 %
6 VIP Midsouth LLC	Pediatric Clinics	58.84 %	0 %	41.16 %
7 Springfield VIP Realty LLC	Own Real Estate Used as Medical Facility	49 %	0 %	51 %
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Vanderbilt University Medical Center Hospitals

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): https://www.vumc.org/communityhealthimprovement/welcome-office-health-equitys-community-health-impro	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>equitys-community-health-impro</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? https://www.vumc.org/communityhealthimprovement/welcome-office-health-equitys-community-health-impro	10	Yes
a If "Yes" (list url): <u>equitys-community-health-impro</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Vanderbilt University Medical Center Hospitals

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>250.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.vanderbilthealth.com/information/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.vanderbilthealth.com/information/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.vanderbilthealth.com/information/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Vanderbilt University Medical Center Hospitals

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Vanderbilt University Medical Center Hospitals

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Vanderbilt Stallworth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.encompasshealth.com/locations/vanderbiltstallworth</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.encompasshealth.com/locations/vanderbiltstallworth</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Vanderbilt Stallworth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.encompasshealth.com/locations/vanderbiltstallworth/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.encompasshealth.com/locations/vanderbiltstallworth/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.encompasshealth.com/locations/vanderbiltstallworth/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Vanderbilt Stallworth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Vanderbilt Stallworth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Vanderbilt Wilson County Hospital

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

3

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	Yes
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	No
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 ____		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ____	10	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Vanderbilt Wilson County Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>250.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.vanderbilthealth.com/information/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.vanderbilthealth.com/information/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.vanderbilthealth.com/information/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Vanderbilt Wilson County Hospital

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Vanderbilt Wilson County Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

How many non-hospital health care facilities did the organization operate during the tax year? **34**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
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Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7k VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS	Column (f) Community Benefit Expense: The total community benefit expense using Part I, Line 7, Column (c) (before direct offsetting revenue) as a percentage of total expenses is 38.42%.
Schedule H, Part V, Section B, Line 20 Extraordinary Collection Actions	The VUMC and VWCH Financial Assistance Policy permits the use of ECAs. However, VUMC and VWCH did not engage in any ECAs during FY2020. The Stallworth Financial Assistance Policy explicitly forbids the use of ECAs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	Not applicable.
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COSTING METHODOLOGY USED TO CALCULATE CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COSTS REPORTED WAS BASED ON AN OVERALL COST-TO-CHARGE RATIO FOR ALL PATIENT POPULATIONS. THE COST TO CHARGE RATIO WAS CALCULATED USING IRS WORKSHEET 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The costing methodology used to calculate bad debt expense reported in Part III, Lines 2 and 3 was based on an overall cost-to-charge ratio for all patient populations. Discounts and payments on accounts considered as bad debt offset the total bad debt expense recorded. Process to determine amount of bad debt attributable to individuals eligible for financial assistance - The accounts that have not been paid are first reviewed under a presumptive charity policy. For those accounts that do not meet presumptive eligibility criteria, it is estimated that 3% of the balances are attributable to individuals who would qualify for financial assistance. This estimate is based on experience of patient accounting management as well as a methodical review of outstanding patient accounts.
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Due to the adoption of ASC 606, the audited financial statements of VUMC no longer disclose the consolidated amount of bad debt expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Costing Methodology - Medicare Allowable Costs: The methodology for determining Medicare allowable costs consisted of applying an overall hospital cost-to-charge ratio to gross Medicare charges from the hospital billing system. The resulting shortfall is entirely deemed as community benefit because the cost of providing related care consistently exceeds reimbursement from Medicare. The hospital accepts all Medicare patients with the knowledge that there may be shortfalls and operates to promote the health of the community. The organization believes the Medicare shortfall should be treated as a community benefit because Medicare does not fully compensate hospitals for the cost of providing hospital care to Medicare beneficiaries. In FY20, such shortfalls amounted to 264,789,995.
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Collection Practices: Although Vanderbilt University Medical Center's policies do not contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance, in practice, if a patient qualifies for a 100% charity care write off, the account is closed and no further collection efforts are made. If a patient qualifies for a partial charity care write off, the account is reduced for the applicable charity discount and normal collection efforts are made. Although no extraordinary collection actions were taken in FY20, the extraordinary collection actions that may be taken, after reasonable efforts are made to ensure a patient is not eligible for financial assistance on the remaining balance, include: * Attachment or seizure of a bank account or other personal property * Commencement of a civil action against an individual * Wage garnishment Written approval must be obtained from VUMC before any of the above ECAs can take place.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Vanderbilt University Medical Center Hospitals: Line 16a URL: https://www.vanderbilthealth.com/information/financial-assistance ; - Vanderbilt Stallworth Rehabilitation Hospital: Line 16a URL: https://www.encompasshealth.com/locations/vanderbiltstallworth/financial-assistance ; - Vanderbilt Wilson County Hospital: Line 16a URL: https://www.vanderbilthealth.com/information/financial-assistance ;
Schedule H, Part V, Section B, Line 16b FAP Application website	- Vanderbilt University Medical Center Hospitals: Line 16b URL: https://www.vanderbilthealth.com/information/financial-assistance ; - Vanderbilt Stallworth Rehabilitation Hospital: Line 16b URL: https://www.encompasshealth.com/locations/vanderbiltstallworth/financial-assistance ; - Vanderbilt Wilson County Hospital: Line 16b URL: https://www.vanderbilthealth.com/information/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Vanderbilt University Medical Center Hospitals: Line 16c URL: https://www.vanderbilthealth.com/information/financial-assistance ; - Vanderbilt Stallworth Rehabilitation Hospital: Line 16c URL: https://www.encompasshealth.com/locations/vanderbiltstallworth/financial-assistance ; - Vanderbilt Wilson County Hospital: Line 16c URL: https://www.vanderbilthealth.com/information/financial-assistance ;
Schedule H, Part VI, Line 2 Needs assessment	<p>VUMC continually assesses the healthcare needs of the communities it serves. The Vanderbilt Patient and Family Advisory Council comprises community volunteers and partners with VUMC's health care team and leadership to assess needs and evaluate services and programs. VUMC and Stallworth have also formed the Community Health Improvement Working Group, an internal committee of program managers which meets regularly and makes recommendations to the CHNA Advisory Committee. The CHNA Advisory Committee comprises VUMC and Stallworth senior leaders who meet to continually assess the needs of the community and drive improvements in care and processes for the communities they serve. In an effort to understand in more depth the needs of specific populations, VUMC's Community Health Improvement team has conducted additional listening sessions to determine how their experiences align with the broad categories of needs that were identified in the CHNA and what strategies will best address the needs of the community. These listening sessions have included one (1) session with patients served by Stallworth and three (3) with the LGBTQ community. The team also plans to hold sessions with the Latino community to inform a supplemental Latino Health Needs Assessment report. Information gathered through this process may be used to better inform programming and supports for patients. VUMC further assesses the health care needs of the communities it serves by playing an active role in groups such as the Healthy Nashville Leadership Council, Williamson County Health Council, and the Rutherford County Wellness Council. VUMC reviews the many needs assessments published by these local groups (Alignment Nashville, Saint Thomas Health, Nashville Area Chamber of Commerce, Metro Social Services, Healthy Nashville, and the TN Department of Health, among others) to help gauge the needs and resources within the community. For the 2019 CHNA, VUMC completed a systematic review of 31 recent assessments completed by community partners across the three counties, highlighting populations served, geographic area covered, and themes highlighted in the report. In addition, VUMC has developed partnerships with the state department of health to stay abreast of important community health needs.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	VUMC patients are notified of available assistance under Federal, State or local government programs or under VUMC's charity care policy via signage posted in the patient care registration points including hospitals, emergency departments, and hospital-based clinics; brochures available at registration points; and language included on all statements mailed to patients advising that VUMC has a financial assistance program if help is needed paying medical bills. Pre-Admitting, Registration, or Billing personnel may refer uninsured or low-income patients to financial counseling personnel to discuss qualifications for free or discounted care. Stallworth patients are notified of available assistance under Federal, State or local government programs or under Stallworth's charity care policy via signage posted at various locations within the hospital. Pamphlets regarding this information are distributed upon admission and a statement is included on any patient bills. In addition, pre-Admitting, Registration, Case Management or Billing personnel may refer uninsured or low-income patients to financial personnel to discuss qualifications for free or discounted care.
Schedule H, Part VI, Line 4 Community information	Vanderbilt University Medical Center, located in Nashville, Tennessee, serves primarily Tennessee, northern Alabama and southern Kentucky. Vanderbilt University Medical Center owns the Vanderbilt University Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt, and Vanderbilt Psychiatric Hospital. These facilities operate under one hospital license as Vanderbilt University Medical Center (VUMC). VUMC (excludes Vanderbilt Health Services, LLC and subsidiaries) have approximately 67,000 annual discharges. VUMC also provides approximately 2.2 million annual outpatient visits, including 128,000 to the emergency departments. Vanderbilt University Medical Center Hospitals provide critical and often unique health care resources to the community and provide broad access to care. The majority of VUMC's patients live in four Tennessee counties: Davidson, Williamson, Rutherford and Montgomery. Vanderbilt Stallworth Rehabilitation Hospital, located in Nashville, Tennessee, serves middle Tennessee, southern Kentucky and the northern parts of Mississippi, Alabama and Georgia. This 80-bed hospital is a joint venture between Vanderbilt University Medical Center and Encompass Health and offers comprehensive acute rehabilitation services. Annually, Vanderbilt Stallworth Rehabilitation Hospital has approximately 1,330 discharges. The majority of Stallworth's patients live in four Tennessee counties - Davidson, Williamson, Rutherford and Montgomery.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	For information on how VUMC promotes the health of the community please see: "Facts About Vanderbilt University Medical Center" as found at: https://www.vumc.org/about/vanderbilt-university-medical-center (Please use lowercase to access the website) "Vanderbilt in Tennessee: County by County" as found at: https://www.vanderbilt.edu/community-relations/map/ (Please use lowercase to access the website) "2019 Economic Impact Report" as found at: https://www.vanderbilt.edu/reports/2019-economic-impact-report/ (Please use lowercase to access the website)
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Vanderbilt University Medical Center owns the Vanderbilt University Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt, and Vanderbilt Psychiatric Hospital. These facilities operate under one hospital license as Vanderbilt University Medical Center (VUMC). VUMC also has ownership interest in several affiliated entities, which provide clinical services. VUMC's hospitals, clinics, and affiliated entities provide the following healthcare services to the communities it serves: emergency care, inpatient hospital care, outpatient treatment, diagnostic testing, ancillary care, primary care services, and home health care. VUMC provides a number of clinical services unique to its region including: a Level 1 Trauma Center, a Level 1 Pediatric Trauma Center, a comprehensive Regional Burn Center, a Level 4 Neonatal Intensive Care Unit, Tennessee's only comprehensive solid organ transplant center, the Vanderbilt-Eskind Diabetes Center, and the Vanderbilt-Ingram Cancer Center, the only National Cancer Institute-designated comprehensive cancer center in Tennessee to treat both adult and pediatric cancer patients. In addition, VUMC's health care system includes the Vanderbilt Health Affiliated Network, an affiliated network of doctors, regional health systems and other health care providers that collaborate to provide coordinated and cost-effective health care services to the communities served. These are contractual affiliate relationships only with no ownership interest in the facilities or physician practices. VUMC also collaborates with other hospital systems in the region, providing health care and/or research and academic support. For a list of all organizations related to Vanderbilt University Medical Center and the primary activity of each, please refer to Schedule R.</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-2528741
Name: Vanderbilt University Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>3</u>											
Name, address, primary website address, and state license number											
1	Vanderbilt University Medical Center Hospitals 1211 22nd Avenue South Nashville, TN 37212 www.vanderbilthealth.com 0000000027	X	X	X	X		X	X			
2	Vanderbilt Stallworth Rehabilitation Hospital 2201 Childrens Way Nashville, TN 37212 www.vanderbiltstallworthrehab.com 0000000141	X									
3	Vanderbilt Wilson County Hospital 1411 W Baddour Parkway Lebanon, TN 37087 https://vanderbiltwilsoncountyhospital.com/ 00000137	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	<p>The significant health needs identified in the 2019 CHNA of Vanderbilt University Medical Center ("VUMC") are a prioritized description of the significant health need of the community, identified by the CHNA. The process of prioritizing the significant health needs included a number of phases. VUMC and partners collected and analyzed primary data from a broad array of stakeholders and community members. Additionally, VUMC pulled and analyzed hundreds of indicators from publicly available secondary data. In each of the three counties in the CHNA communities served (Davidson, Rutherford, and Williamson Counties), VUMC held a community summit, which included hospital leadership, local health departments, community leaders representing a number of sectors, and community members and individuals who participated in interviews and listening sessions as a part of the CHNA process. VUMC also conducted an environmental scan in each county. The results of VUMC's data collection and analysis were presented to the community, and participants were asked to prioritize their most pressing health needs through interactive exercises. The needs prioritized by the community were adopted by VUMC, and each described at length in VUMC's 2019 CHNA. Through this CHNA process, the community prioritized the significant health needs of Mental Health and Substance Abuse, Access to Resources and Services, Basic Needs and Social Determinants, Prevention and Education.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - Vanderbilt University Medical Center Hospitals. Input from persons representing the broad interests of the community, including those with expertise in public health , was obtained through face-to-face interviews and via community listening sessions. Interviews took place from February to May 2018. Listening sessions took place from June to September 2018. Community summits were held in the fall and winter of 2018 and into 2019. VUMC identified leaders from public health, government, education, the faith community, private foundations, community organizations, and academia among others as interviewees. Interviewees were identified in collaboration with Saint Thomas Health and local health departments in each county and were selected based on their understanding of the broad interests of the community and underserved populations. Interviewees also included health department directors from the community served, community physicians, public health researchers, and community-based organizations that have special knowledge and expertise in public health. In all, 68 community leaders were interviewed with particular attention to underserved, low-income, and minority populations. Organizations represented in Davidson County interviews included Davidson County Metro Council, Nashville Organized for Action and Hope (NOAH), Metro Homelessness Commission, Metropolitan Government, Nashville Mayor's Office, Meharry Medical College, 58th Legislative District Office, Saint Thomas Health, Vanderbilt University Medical Center, Tennessee Office for Refugees, Safety Net Consortium of Middle Tennessee, Salahadeen Center of Nashville, Mental Health Cooperative, Walk Bike Nashville, Sycamore Institute, PFLAG Nashville, Metro Nashville Public Schools, Metro Public Health Department, Interfaith Dental Clinic, Family & Children's Services, Matthew Walker Comprehensive Health Center, Nashville General Hospital, and First Presbyterian. Organizations represented in Rutherford County interviews included MTSU Center for Health & Human Services, Ascension Saint Thomas Rutherford, Rutherford District 13 Office, Nissan Diversity and Inclusion Committee, ATLAS, Murfreesboro Cold Patrol, Rutherford Opioid Taskforce, Middle Tennessee State University, First Baptist Church, Rutherford County EMS, St. Louise Clinic, Rutherford District 21 Office, Smyrna Senior Center, Narcotics Anonymous, Rutherford County Government Office, Veterans' Affairs, Journey Home, Primary Care and Hope Clinic of Rutherford County, Interfaith Dental Clinic, Matthew Walker Comprehensive Health Center - Smyrna, Rutherford County Health Department, and Rutherford County Police Department. Organizations represented in Williamson County interviews included Franklin Tomorrow, Williamson County Schools, Fairview Mayor's Office, Williamson Medical Center, Franklin Special School District, Williamson County Public Library, Coordinated School Health, Department of Children's Services, Veterans' Affairs,</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Williamson County Juvenile Court, Williamson County Health Department, Franklin Mayor's Of fice, Williamson County Parks & Recreation, Mercy Clinic, Williamson County Anti-Drug Coal ition, Franklin Housing Authority, and Graceworks. Populations served by these organizatio ns include racial and ethnic minority groups, individuals seeking social services such as housing or food assistance, individuals seeking affordable healthcare, at-risk youth, thos e experiencing homelessness, Hispanic/Latino communities, the medically under-served, thos e experiencing mental illness, those experiencing addiction, children and other low-income , minority, under-served, and vulnerable populations. To understand community members' opi nions of health needs, 13 focus groups were conducted across the three counties that repre sent the community served. The focus groups in Davidson County were held in collaboration with Ascension Saint Thomas Health as well as the Metro Public Health Department. In David son County, sessions were held at Salahadeen Center, Building Lives Foundation, Outreach B ase, Elizabeth Park Center Center, Hartman Park, and Hadley Park. Populations served by th ese organizations include Muslim youth, people experiencing homelessness, seniors, African -African populations, and Latino populations. In Rutherford County, listening sessions wer e held in coordination with Saint Thomas Health and the Rutherford County Health Departmen t. Recruitment was done in coordination with the host sites, which included First Baptist Church of Rutherford, Rutherford County Health Department, and Journey Home. These organiz ations primarily serve those experiencing homelessness, as well as Latino, African-America n, and senior populations. In Williamson County, recruitment was done in collaboration wit h the Williamson County Health Department. Host sites included the Fairview Branch of the Public Library, Mercy Clinic, and the health department. Rural, uninsured/underinsured, an d Latino populations are served by these organizations. Both English and Spanish speakers were included in listening sessions in each county.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Vanderbilt University Medical Center Hospitals. Vanderbilt University Medical Center conducted a community health needs assessment in partnership with its affiliated hospital, Vanderbilt Stallworth Rehabilitation Hospital.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - Vanderbilt University Medical Center Hospitals. Vanderbilt University Medical Center ("VUMC") identified four significant health needs in its most recently conducted CHNA. The four significant health needs identified are - alphabetically - 1) Access to Resources and Services; 2) Basic Needs and Social Determinants; 3) Mental Health and Substance Abuse; and 4) Prevention and Education. VUMC is addressing all four needs, with a detailed list of programs, investments, and services listed in the 2019 Implementation Strategy (IS). The 2019 Implementation Strategy includes 83 activities and programs. In all three counties, the Community Health Improvement Team released a Request for Proposals for community projects that addressed one or more of the CHNA priority areas, specifically requiring applicants to discuss how their proposal would promote health equity and address broader policy, environmental, or systems change. After a competitive review process with a committee of both academic and community reviewers, organizations were selected as recipients of these awards. The grantees received up to \$7,500 to carry out their work over a period of 12 months. The Community Health Improvement team is currently planning for the fourth cycle of this mini-grant program. To date, the program has supported 18 community projects. In all three counties, the Community Health Improvement Team supported an opportunity for community organizations to receive technical assistance from Vanderbilt's Center for Effective Health Communications (CEHC). This opportunity allowed organizations to submit health communications materials (i.e. pamphlets, websites, etc.) to be reviewed by CEHC experts for messaging and readability. To date, this opportunity has supported seven community organizations. In all three counties, the Community Health Improvement Team currently supports the local health departments and health councils in the development of their Community Health Improvement Plans (CHIP), which outline their strategies to address the health needs identified through the Community Health Assessment. This includes conducting additional listening sessions that allow community members to share input and ideas regarding effective strategies to address the health needs. The team also facilitates health and wellness council meetings to develop goals, objectives, and evaluation metrics for the CHIP. VUMC's involvement in this work allows the Community Health Improvement Team to bring VUMC resources to the community and align the CHNA priorities with the Community Health Improvement Plan objectives. In Davidson County, VUMC is involved in collaboratives focused on the four priority needs. The Safety Net Consortium of Middle Tennessee, focused on access to and quality of care for the uninsured, continues to meet monthly at the Meharry-Vanderbilt Alliance and launched My Health Care Home, a web-based tool that facilitates finding and accessing federally qualified health</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	centers and faith-based and charitable clinics that serve the under/uninsured. The Community Health Improvement Team has been involved in sub-projects focused on pharmacy access for the uninsured as well as an environmental scan focused on specialty care access for the uninsured. The "pharmacy access" project will provide uninsured patients and providers that serve them with resources which intend to alleviate issues with navigating and accessing the pharmacy system. The Community Health Improvement Team is also active with the Health Nashville Leadership Council and leads the Health Equity Workgroup. The workgroup's focus is to educate the community on topics related to addressing health inequities as well as strengthening capacity and advancing equity for minority-led non-profit organizations that are on the front lines of promoting health equity and well-being in vulnerable communities. Finally, VUMC Community Health Improvement Team has addressed the Nashville Health Disparities Coalition, The Healing Trust, and other organizations to share the four priorities and data from the CHNA. In Rutherford County, VUMC helped distribute dozens of copies of "Play Nicely" to service providers. Play Nicely is a healthy discipline handbook used to educate new or prospective parents on healthy discipline strategies. Several VUMC staff have also participated in the opioid taskforce spear-headed by Saint Thomas Rutherford, which has become the WE CARE coalition, the Prevention Coalition for Success, and the Patterns on Park Coalition. VUMC's Community Health Improvement team also addressed a meeting of the Rutherford County Wellness Council and the United Way of Rutherford and Cannon Counties' Community Board of Directors to present the four priority needs and data of the CHNA. In Williamson County, VUMC's Community Health Improvement Team also participates in local groups such as the anti-drug coalition and the Williamson County Health Council, which promote improvements in community health. The VUMC Community Health Improvement Team has addressed the Williamson Health Council meeting to share the four priorities and data from the CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS. In addition to notification on the website, or patient request, VUMC patients are notified of available assistance under federal, state or local government programs or under the organization's charity care policy via signage posted in the patient care registration points including hospitals, emergency departments, and hospital based clinics; brochures available at registration points; and language included on all statements mailed to patients advising that VUMC has a financial assistance program if help is needed paying medical bills. Pre-admitting, registration, or billing personnel may refer uninsured or low income patients to financial counseling personnel to discuss qualifications for free or discounted care.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs identified in the 2019 CHNA of Vanderbilt Stallworth Rehabilitation Hospital (Stallworth) are a prioritized description of the significant health need of the community, identified by the CHNA. The process of prioritizing the significant needs included a number of phases. Stallworth and partners collected and analyzed primary data from a broad array of stakeholders and community members. Additionally, Stallworth pulled and analyzed hundreds of indicators from publicly available secondary data. In each of the three counties in the CHNA communities served (Davidson, Rutherford, and Williamson Counties), Stallworth held a community summit, which included hospital leadership, local health departments, community leaders representing a number of sectors, and community members and individuals who participated in interviews and listening sessions as a part of the CHNA process. Stallworth also conducted an environmental scan in each county. The results of Stallworth's data collection and analysis were presented to the community, and participants were asked to prioritize their most pressing health needs through interactive exercises. The needs prioritized by the community were adopted by Stallworth, and each described at length in Stallworth's 2019 CHNA. Through this CHNA process, the community prioritized the significant health needs of Mental Health and Substance Abuse, Access to Resources and Services, Basic Needs and Social Determinants, Prevention and Education.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Vanderbilt Stallworth Rehabilitation Hospital. Input from persons representing the broad interests of the community, including those with expertise in public health, was obtained through face-to-face interviews and via community listening sessions. Interviews took place from February to May 2018. Listening sessions took place from July to September 2018. Community summits were held in the fall and winter of 2018 and into 2019. Stallworth identified leaders from public health, government, education, the faith community, private foundations, community organizations, and academia among others as interviewees. Interviewees were identified in collaboration with local health departments in each county and were selected based on their understanding of the broad interests of the community and underserved populations. Interviewees also included health department directors from the community served, community physicians, public health researchers, and community-based organizations that have special knowledge and expertise in public health. In all, 68 community leaders were interviewed with particular attention to underserved, low-income, and minority populations. Organizations represented in Davidson County interviews included Davidson County Metro Council, Nashville Organized for Action and Hope (NOAH), Metro Homelessness Commission, Metropolitan Government, Nashville Mayor's Office, Meharry Medical College, 58th Legislative District Office, Saint Thomas Health, Vanderbilt University Medical Center, Tennessee Office for Refugees, Safety Net Consortium of Middle Tennessee, Salahadeen Center of Nashville, Mental Health Cooperative, Walk Bike Nashville, Sycamore Institute, PFLAG Nashville, Metro Nashville Public Schools, Metro Public Health Department, Interfaith Dental Clinic, Family & Children's Services, Matthew Walker Comprehensive Health Center, Nashville General Hospital, and First Presbyterian. Organizations represented in Rutherford County interviews included MTSU Center for Health & Human Services, Ascension Saint Thomas Rutherford, Rutherford District 13 Office, Nissan Diversity and Inclusion Committee, ATLAS, Murfreesboro Cold Patrol, Rutherford Opioid Taskforce, Middle Tennessee State University, First Baptist Church, Rutherford County EMS, St. Louise Clinic, Rutherford District 21 Office, Smyrna Senior Center, Narcotics Anonymous, Rutherford County Government Office, Veterans' Affairs, Journey Home, Primary Care and Hope Clinic of Rutherford County, Interfaith Dental Clinic, Matthew Walker Comprehensive Health Center - Smyrna, Rutherford County Health Department, and Rutherford County Police Department. Organizations represented in Williamson County interviews included Franklin Tomorrow, Williamson County Schools, Fairview Mayor's Office, Williamson Medical Center, Franklin Special School District, Williamson County Public Library, Coordinated School Health, Department of Children's Services, Veterans' Affairs, Williamson County J

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>juvenile Court, Williamson County Health Department, Franklin Mayor's Office, Williamson Co unty Parks & Recreation, Mercy Clinic, Williamson County Anti-Drug Coalition, Franklin Hou sing Authority, and Graceworks. Populations served by these organizations include racial a nd ethnic minority groups, individuals seeking social services such as housing or food ass istance, individuals seeking affordable healthcare, at-risk youth, those experiencing home lessness, Hispanic and Latino community leaders, the medically under-served, those experie ncing mental illness, those experiencing addiction, children and other low-income, minorit y, under-served, and vulnerable populations. To understand community members' opinions of health needs, 13 focus groups were conducted across the three counties that represent the community served. The focus groups in Davidson County were held in collaboration with Asce nsion Saint Thomas Health as well as the Metro Public Health Department. In Davidson Count y, sessions were held at Salahadeen Center, Building Lives Foundation, Outreach Base, Eliz abeth Park Center Center, Hartman Park, and Hadley Park. Populations served by these organ izations include Muslim youth, people experiencing homelessness, seniors, African-African populations, and Latino populations. In Rutherford County, listening sessions were held in coordination with Saint Thomas Health and the Rutherford County Health Department. Recrui tment was done in coordination with the host sites, which included First Baptist Church of Rutherford (2), Rutherford County Health Department, and Journey Home. These organization s primarily serve those experiencing homelessness, as well as Latino, African-American, an d senior populations. In Williamson County, recruitment was done in collaboration with the Williamson County Health Department. Host sites included the Fairview Branch of the Publi c Library, Mercy Clinic, and the health department. Rural, uninsured/underinsured, and Lat ino populations are served by these organizations. Both English and Spanish speakers were included in listening sessions in each county.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Vanderbilt Stallworth Rehabilitation Hospital. Vanderbilt Stallworth Rehabilitation Hospital conducted a health needs assessment in partnership with its affiliated health system, Vanderbilt University Medical Center.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - Vanderbilt Stallworth Rehabilitation Hospital. Vanderbilt Stallworth Rehabilitation Hospital ("Stallworth") identified four significant health needs in its most recently conducted CHNA. The four significant health needs identified are - alphabetically: 1) Access to Resources and Services; 2) Basic Needs and Social Determinants; 3) Mental Health and Substance Abuse; and 4) Prevention and Education. Stallworth is addressing all four needs, with a detailed list of programs, investments, and services listed in the 2019 Implementation Strategy (IS). The 2019 Implementation Strategy includes 83 activities and programs. Stallworth holds monthly grand rounds for members of the medical community to discuss topics that have an impact on rehabilitation and post-acute care. In addition, Stallworth offers a number of support groups and educational classes for patients and caregivers. The monthly stroke support group and stroke education classes, which meet weekly, are open to both patients and caregivers. Stallworth works to build strong collaborations throughout the community and throughout the country and currently supports the work of the American Heart and Stroke Association, United Spinal Association, Achilles Foundation, the Arthritis Foundation, Brain Injury Association of Tennessee, Williamson County Senior Expo, the Annual Harold "Jobe" Bernard Stroke and Neurosciences Symposium, Senior Health Fairs, Fifty Forward assisted living facilities, Maury County Senior Center, and the Hendersonville Senior Center. Stallworth is in the process of expanding hours for its psychologist's contract to provide a resource for the inpatient population. Stallworth collaborates with the Trauma Survivors Network, which provides a host of free resources to help patients and families cope with the challenges of trauma recovery. In addition, the Spinal Cord Injury Peer Mentor Program, which is held twice monthly, includes training for peer mentor volunteers who help patients as they make the significant life changes often associated with trauma recovery. Finally, housing evaluations are done during the pre-admission process to assess home-readiness after a traumatic injury. Once an individual is admitted as an inpatient at Stallworth, a recurring housing assessment is done, and Stallworth staff often connect patients with community resources to assist in the transition. Through on-going partnerships and engagement of key stakeholders, Stallworth will continue to collaborate to meet the needs identified in the most recent needs assessment. Stallworth serves a patient demographic that has needs that are unique in the patient landscape of Vanderbilt University Medical Center. As such, the CHNA team conducted a listening session to explore more granular needs of Stallworth in relation to the identified needs. The listening session was conducted with the patients within a support group for traumatic brain injuries hosted at Stallworth.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - VANDERBILT STALLWORTH REHABILITATION HOSPITAL. Patients are notified of available assistance under federal, state or local government programs or under Stallworth's charity care policy via signage at the front desk, in the main elevator to the patient care units & along the back hallway of the hospital. Pamphlets regarding this information are distributed upon admission and a statement is included on any patient bills. In addition, pre-admitting, registration, case management or billing personnel may refer uninsured or low income patients to financial personnel to discuss qualifications for free or discounted care.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 2	On August 1, 2019, Vanderbilt University Medical Center acquired the assets and operations of Vanderbilt Wilson County Hospital (formerly Tennova Healthcare-Lebanon, State License 00000137), a two-campus facility licensed for 245 beds, from subsidiaries of Community Health Systems, Inc.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 Ambulatory Surgery Center of Cool Springs LLC 2009 Mallory Lane Suite 100 Franklin, TN 37067	Ambulatory Surgery Treatment Center
1 Spring Hill Surgery Center LLC 1003 Reserve Blvd Suite 210 Spring Hill, TN 37174	Ambulatory Surgery Treatment Center
2 Vanderbilt-Maury Radiation Oncology LLC 1003 Reserve Boulevard Spring Hill, TN 37174	Oncology Services
3 One Hundred Oaks Imaging LLC 719 Thompson Lane Nashville, TN 37204	Outpatient Diagnostic Center
4 Vanderbilt Health & Williamson Medical Center Clinics and Services LLC 134 Pewitt Drive Brentwood, TN 37027	Ambulatory Clinic
5 Spring Hill Imaging Center LLC 5421 Main Street Spring Hill, TN 37174	Outpatient Diagnostic Center
6 Williamson Imaging LLC (dba Cool Springs Imaging) 2009 Mallory Lane Suite 150 Franklin, TN 37067	Outpatient Diagnostic Center
7 Vanderbilt Health & Williamson Medical Center Clinics and Services LLC 919 Murfreesboro Pike Franklin, TN 37064	Ambulatory Clinic
8 Vanderbilt-Gateway Cancer Center GP 375 Alfred Thun Road Clarksville, TN 37040	Oncology Services
9 Vanderbilt-Ingram Cancer Center Franklin 2107 Edward Curd Lane Franklin, TN 37067	Ambulatory Surgery Treatment Center
10 Vanderbilt Imaging Services LLC (dba Vanderbilt Imaging Belle Meade) 4525 Harding Road Suite 102 Nashville, TN 37232	Outpatient Diagnostic Center
11 Vanderbilt Imaging Services LLC (dba Hillsboro Imaging Services) 1909 Acklen Avenue Nashville, TN 37212	Outpatient Diagnostic Center
12 Vanderbilt Health & Williamson Medical Center Clinics and Services LLC 1834 West McEwen Dr Suite B Franklin, TN 37067	Ambulatory Clinic
13 Vanderbilt Health & Williamson Medical Center Clinics and Services LLC 3098 Campbell Station Pkwy Spring Hill, TN 37174	Ambulatory Clinic
14 Vanderbilt Health & Williamson Medical Center Clinics and Services LLC 940 Oldham Drive Nolensville, TN 37135	AMBULATORY CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 7601 Highway 70 S Bellevue, TN 37221	AMBULATORY CLINIC
1 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 1954 Madison Street Clarksville, TN 37043	AMBULATORY CLINIC
2 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 9100 Carothers Pkwy Franklin, TN 37067	AMBULATORY CLINIC
3 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 585 Nashville Pike Gallatin, TN 37066	AMBULATORY CLINIC
4 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 198 E Main Street Hendersonville, TN 37075	AMBULATORY CLINIC
5 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 400 Tulip Grove Road Hermitage, TN 37076	AMBULATORY CLINIC
6 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 5000 Murfreesboro Road Lavergne, TN 37086	AMBULATORY CLINIC
7 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 1303 W Main Street Lebanon, TN 37087	AMBULATORY CLINIC
8 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 2401 Old Fort Pkwy Murfreesboro, TN 37128	AMBULATORY CLINIC
9 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 3500 Gallatin Pike Nashville, TN 37216	AMBULATORY CLINIC
10 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 5555 Edmondson Pike Nashville, TN 37211	AMBULATORY CLINIC
11 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 518 Donelson Pike Nashville, TN 37214	AMBULATORY CLINIC
12 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 4243 Harding Pike Nashville, TN 37205	AMBULATORY CLINIC
13 Retail Health Clinics LLC (DBA Vanderbilt Health Clinics) 400 Sam Ridley Pkwy Smyrna, TN 37167	AMBULATORY CLINIC
14 Vanderbilt Home Dialysis Clinic 2906 Foster Creighton Drive Suite 1 00 Nashville, TN 37204	End Stage Renal Dialysis

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 Vanderbilt Dialysis Clinic 2906 Foster Creighton Drive Suite 2 00 Nashville, TN 37214	End Stage Renal Dialysis
1 Vanderbilt University Medical Center Dialysis Clinic-East 20 Rachel Drive Nashville, TN 37214	End Stage Renal Dialysis
2 Baby Co 3212 West End Ave Suite 100 Nashville, TN 37203	Birthing Center
3 Outpatient Diagnostic Center of Nashville 337 22nd Avenue North Nashville, TN 37203	Outpatient Diagnostic Center

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	Vanderbilt University Medical Center maintains a formal policy defining its procedures for monitoring the use of sponsored funds by subrecipients who are performing a portion of a sponsored project externally awarded to Vanderbilt University Medical Center. The policy provides guidance to ensure that subrecipients conduct their portions of sponsored projects in compliance with laws, regulations, terms and conditions of awards and subawards, and that reimbursed costs incurred by subrecipients are allowed. The policy addresses the roles and responsibilities of central offices and departments of the Medical Center and describes the monitoring procedures for each area. The full text of Vanderbilt University Medical Center's subrecipient policy is available online at the following web address: https://www.vumc.org/administrators-resource/policies-procedures (Please use lowercase to access the website)

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-2528741
Name: Vanderbilt University Medical Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northeastern University 360 Huntington Ave Boston, MA 02115	04-1679980	501(c)(3)	33,490		Not applicable	Not applicable	Research
Boston University P O Box 28770 New York, NY 10087	04-2103547	501(c)(3)	296,049		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard University P O Box 415649 Boston, MA 02241	04-2103580	501(c)(3)	341,605		Not applicable	Not applicable	Research
Massachusetts Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501(c)(3)	337,261		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Deaconess Medical Center 330 Brookline Ave Boston, MA 02215	04-2103881	501(c)(3)	1,545,553		Not applicable	Not applicable	Research
Schepens Eye Research Institute 20 Staniford Street Boston, MA 02114	04-2129889	501(c)(3)	311,031		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dana Farber Cancer Institute 450 Brookline Ave HIM 240B Boston, MA 02215	04-2263040	501(c)(3)	23,311		Not applicable	Not applicable	Research
Brigham & Womens Hospital Inc 221 Longwood Avenue Boston, MA 02115	04-2312909	501(c)(3)	89,278		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 50 Stanford Street Boston, MA 02114	04-2697983	501(c)(3)	374,375		Not applicable	Not applicable	Research
Boston Children's Hospital 300 Longwood Ave Boston, MA 02115	04-2774441	501(c)(3)	132,259		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baystate Medical Center Inc 280 Chestnut Street Springfield, MA 01199	04-2790311	501(c)(3)	80,069		Not applicable	Not applicable	Research
New England Research Institutes Inc 480 Pleasant Street Suite A 100 Watertown, MA 02472	04-2919509	N/A	92,888		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Medical Center 660 Harrison Ave 2nd Floor Boston, MA 02118	04-3314093	501(c)(3)	18,130		Not applicable	Not applicable	Research
Dana Farber Partners CancerCare Inc 450 Brookline Ave BP317 Boston, MA 022155450	04-3320640	501(c)(3)	55,209		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University DNA Analysis Facility on Sci Hill 165 Prospect Street OML 122 New Haven, CT 06511	06-0646973	501(c)(3)	371,292		Not applicable	Not applicable	Research
University of Connecticut 438 Whitney Road Extension Unit 1133 Storrs Mansfield, CT 06269	06-0772160	GOVT	122,959		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Weill Cornell Medical College 407 East 61st St 2nd Floor New York, NY 10065	13-1623978	501(c)(3)	421,718		Not applicable	Not applicable	Instruction
Rockefeller University 1230 York Ave Box 105 New York, NY 100216399	13-1624158	501(c)(3)	47,248		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501(c)(3)	200,539		Not applicable	Not applicable	Research
Memorial Sloan - Kettering Cancer Center P O Box 29049 New York, NY 10087	13-1924236	501(c)(3)	9,000		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Foundation for AIDS Research 120 Wall Street 13th Floor New York, NY 100053908	13-3163817	501(c)(3)	29,288		Not applicable	Not applicable	Research
Data Solutions LLC 2601 Henry Hudson Parkway Suite 1 E Bronx, NY 10463	13-3979408	N/A	34,656		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catalent Pharma Solutions LLC 25111 Network Place Chicago, IL 606731251	13-4268760	N/A	5,286		Not applicable	Not applicable	Research
New York University School of Medicine 57 Old Forge Road Tuxedo Park, NY 10987	13-5562308	501(c)(3)	526,023		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia University 710 West 168th Street New York, NY 10032	13-5598093	501(c)(3)	1,596,909		Not applicable	Not applicable	Research
Masonic Medical Research Laboratory 2150 Bleecker Street Utica, NY 13501	13-5648611	501(c)(3)	18,806		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Icahn School of Medicine at Mount Sinai 1425 Madison Ave 1st Floor Room 1575 New York, NY 100296574	13-6171197	501(c)(3)	397,858		Not applicable	Not applicable	Research
Albany Medical College Office of Research Affairs MCR-102 Express Albany, NY 122083479	14-1338310	501(c)(3)	27,100		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Research Foundation for the State University of New York P O Box 9 Albany, NY 12201	14-1368361	501(c)(3)	233,605		Not applicable	Not applicable	Research
Health Research Inc Roswell Park Division Elm Carlton Streets Buffalo, NY 14263	14-1402155	501(c)(3)	820,550		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Research Foundation for Mental Hygiene Inc 150 Broadway Suite 301 Menands, NY 12204	14-1410842	501(c)(3)	10,973		Not applicable	Not applicable	Public Service
Syracuse University Bursar Operations 119 Bowne Hall Syracuse, NY 132441140	15-0532081	501(c)(3)	129,847		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rambiss LLC 8807 Wind Chime Ct Upper Marlboro, MD 20772	20-1240325	N/A	56,613		Not applicable	Not applicable	Instruction
Hospital Authority of Metro Nashville & Davidson County Nashville General Hospital 1818 Albion St Nashville, TN 37208	20-2844893	GOVT	115,987		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Cooper Health System One Cooper Plaza Camden, NJ 08103	21-0634462	501(c)(3)	54,512		Not applicable	Not applicable	Research
The Valley Hospital Inc 223 North Van Dien Ave Ridgewood, NJ 07450	22-1487307	501(c)(3)	45,608		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dartmouth Hitchcock Clinic 1 Medical Center Drive CTO Cashier Level 3 Lebanon, NH 03756	22-2519596	501(c)(3)	7,716		Not applicable	Not applicable	Research
Wake Forest University Health Sciences Office of Controller Medical Center Boulevard Winston Salem, NC 27157	22-3849199	501(c)(3)	139,624		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Hospital of Philadelphia 3501 Civic Center Blvd CTRB 2400-5 Philadelphia, PA 191044318	23-1352166	501(c)(3)	557,723		Not applicable	Not applicable	Research
Thomas Jefferson University 125 9th Street 2nd floor Philadelphia, PA 19107	23-1352651	501(c)(3)	19,390		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pennsylvania 420 Walnut Street Philadelphia, PA 19106	23-1352685	501(c)(3)	630,139		Not applicable	Not applicable	Research
Geisinger Clinic 100 N Academy Avenue Danville, PA 17822	23-6291113	501(c)(3)	523,509		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fred Hutchinson Cancer Research Center 1100 Fairview Avenue North POB 19024 Seattle, WA 981091024	23-7156071	501(c)(3)	122,138		Not applicable	Not applicable	Research
Pennsylvania State University 227 West Beaver Ave Suite 401 State College, PA 168014819	24-6000376	GOVT	13,435		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pittsburgh 5150 Center Ave Pittsburgh, PA 15232	25-0965591	GOVT	989,905		Not applicable	Not applicable	Research
Carnegie Mellon University P O Box 371032 Pittsburgh, PA 152507032	25-0969449	501(c)(3)	66,888		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Allegheny Singer Research Institute 320 East North Avenue Pittsburgh, PA 152124772	25-1320493	501(c)(3)	295,068		Not applicable	Not applicable	Research
The Broad Institute Inc 415 Main St Cambridge, MA 02142	26-3428781	501(c)(3)	4,995,074		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Applied Decision Science LLC 1776 Mentor Ave Suite 424 Cincinnati, OH 45212	27-1438501	N/A	17,000		Not applicable	Not applicable	Research
Regenstrief Institute Inc 1101 West 10th Street Indianapolis, IN 46202	30-0007730	501(c)(3)	70,146		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Childrens Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 452293039	31-0833936	501(c)(3)	212,723		Not applicable	Not applicable	Research
University of Tennessee Medical Center 1924 Alcoa Highway Knoxville, TN 379201511	31-1626179	501(c)(3)	47,643		Not applicable	Not applicable	Public Service

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Battelle Memorial Institute P O Box 999 Richland, WA 99352	31-4379427	501(c)(3)	181,474		Not applicable	Not applicable	Research
Nationwide Children's Hospital 700 Childrens Drive Columbus, OH 432052664	31-4379441	501(c)(3)	27,263		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Cincinnati P O Box 210641 Cincinnati, OH 45221	31-6000989	GOVT	1,142,189		Not applicable	Not applicable	Research
Ohio State University 2001 Polaris Parkway Columbus, OH 43240	31-6025986	GOVT	214,192		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Research Institute at Nationwide Children's Hospital 700 Childrens Drive Columbus, OH 43205	31-6056230	501(c)(3)	75,259		Not applicable	Not applicable	Research
Ohio State Univ Research Foundation 1060 Carmack Hall 055 Rightmire Hall Columbus, OH 43210	31-6401599	501(c)(3)	232,065		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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La Jolla Institute for Immunology 9420 Athena Cir La Jolla, CA 92037	33-0328688	501(c)(3)	74,161		Not applicable	Not applicable	Research
The Scripps Research Institute 10550 North Torrey Pines Road La Jolla, CA 92037	33-0435954	501(c)(3)	1,146,929		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Illumina Inc 12864 Collections Center Drive Chicago, IL 60693	33-0804655	N/A	263,194		Not applicable	Not applicable	Research
Cleveland Clinic 9500 Euclid Ave Desk A 50 Cleveland, OH 44195	34-0714585	501(c)(3)	72,228		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Case Western Reserve University 10900 Euclid Ave Medicine Gastroenterology Cleveland, OH 441064925	34-1018992	501(c)(3)	501,522		Not applicable	Not applicable	Research
Central American Medical Outreach Inc 322 Westwood Avenue Orrville, OH 44667	34-1740695	501(c)(3)	117,728		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Indiana University Dept 78896 PO Box 78000 Detroit, MI 482780896	35-6001673	GOVT	375,222		Not applicable	Not applicable	Research
Purdue University 610 Purdue Mall Hovde Hall Room 138 West Lafayette, IN 479072040	35-6002041	GOVT	277,013		Not applicable	Not applicable	Research

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Northwestern University 303 East Superior St Lurie Bldg 7123 Chicago, IL 60611	36-2167817	501(c)(3)	483,821		Not applicable	Not applicable	Research
Ann and Robert H Lurie 225 E Chicago Ave Box 44 Chicago, IL 606112605	36-2170833	501(c)(3)	12,987		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Rush University Medical Center 1653 West Congress Parkway Suite 810 Jones Chicago, IL 60612	36-2174823	501(c)(3)	455,674		Not applicable	Not applicable	Research
University of Chicago 5841 South Maryland Ave M/C 6092 Chicago, IL 60637	36-2177139	501(c)(3)	403,706		Not applicable	Not applicable	Research

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University of Illinois 809 South Marshfield Ave 511MB Chicago, IL 606127205	37-6000511	GOVT	224,540		Not applicable	Not applicable	Research
University of Vermont PO Box 1389 Williston, VT 054951389	37-6047339	GOVT	133,187		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arbor Research Collaborative for Health 340 E Huron Street Suite 300 Attn Accounting Ann Arbor, MI 48104	38-3289521	501(c)(3)	25,178		Not applicable	Not applicable	Research
Affinity Cardiovascular Specialists LLC 3686 Grandview Parkway Suite 720 Birmingham, AL 35243	38-3976603	N/A	51,050		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Michigan State University 206 Natural Science Building East Lansing, MI 48823	38-6005984	GOVT	213,511		Not applicable	Not applicable	Research
University of Michigan 1000 Wall Street 5329 Brehm Tower Ann Arbor, MI 481055714	38-6006309	GOVT	428,245		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Wayne State University 42 West Warren Suite 250 Detroit, MI 48202	38-6028429	GOVT	226,530		Not applicable	Not applicable	Research
Medical College of Wisconsin Attn Sommer Hatfield P O Box 1997 Milwaukee, WI 532011997	39-0806261	501(c)(3)	65,718		Not applicable	Not applicable	Research

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Aurora Health Care Inc PO BOX 341880 Milwaukee, WI 532341880	39-1442285	501(c)(3)	28,416		Not applicable	Not applicable	Research
University of Wisconsin - Madison 2015 Linden Drive Room 2153 Madison, WI 537061102	39-1805963	GOVT	264,093		Not applicable	Not applicable	Research

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Hennepin Healthcare Research Institute 701 Park Ave PP7 700 Minneapolis, MN 55415	41-1677920	501(c)(3)	65,582		Not applicable	Not applicable	Research
University of Minnesota 1200 Washington Ave S Minneapolis, MN 55415	41-6007513	GOVT	69,756		Not applicable	Not applicable	Research

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Mayo Clinic Rochester Research Finance P O Box 4006 Rochester, MN 559034026	41-6011702	501(c)(3)	151,898		Not applicable	Not applicable	Research
Washington University 700 Rosedale Avenue CB1034 Saint Louis, MO 631121408	43-0653611	501(c)(3)	2,322,169		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Childrens Mercy Hospitals 2401 Gillham Road Kansas City, MO 64108	44-0605373	501(c)(3)	24,568		Not applicable	Not applicable	Research
Baptist Clinical Research Institute 6025 Walnut Grove Rd Suite 500 Memphis, TN 38120	45-3032246	501(c)(3)	173,455		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Orthopedic Institute P C 810 East 23rd Street Sioux Falls, SD 571175116	46-0316404	N/A	38,231		Not applicable	Not applicable	Research
Sanford Reseach P O Box 5064 Sioux Falls, SD 571045064	46-0450378	501(c)(3)	21,948		Not applicable	Not applicable	Research

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RutgersThe State University of New Jersey Division of Grants Contract 65 Davidson Road Room 306 Piscataway, NJ 088545602	46-2354111	GOVT	15,391		Not applicable	Not applicable	Research
Father Flanagans Boys Home 14100 Crawford St Mod 2 Boys Town, NE 68010	47-0376606	501(c)(3)	36,608		Not applicable	Not applicable	Research

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Advanced Respiratory Technologies LLC 411 Jake Link Road Cottontown, TN 37048	47-3573079	N/A	77,112		Not applicable	Not applicable	Research
University of Kansas Center for Research 1450 Jayhawk Blvd Lawrence, KS 660457518	48-0680117	501(c)(3)	38,060		Not applicable	Not applicable	Research

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Johns Hopkins University 1812 Ashland Ave Suite 110 Baltimore, MD 21205	52-0595110	501(c)(3)	1,002,316		Not applicable	Not applicable	Research
The Henry M Jackson Foundation for the Advancement of Military Medicine Inc 6720 A Rockledge Drive Suite 100 Bethesda, MD 20817	52-1317896	501(c)(3)	54,944		Not applicable	Not applicable	Research

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Atlantic Health System Inc 475 South Street Morristown, NJ 07962	52-1958352	501(c)(3)	28,582		Not applicable	Not applicable	Research
University of Maryland Baltimore 220 Arch Street Baltimore, MD 21201	52-6002033	GOVT	144,140		Not applicable	Not applicable	Research

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Childrens Hospital 111 Michigan Ave NW Washington, DC 20010	53-0196580	501(c)(3)	9,000		Not applicable	Not applicable	Research
George Washington University P O Box 829896 Philadelphia, PA 191829896	53-0196584	501(c)(3)	30,721		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Kennell and Associates Inc 3130 Fairview Park Drive Suite 450 Falls Church, VA 22042	54-1771141	N/A	26,508		Not applicable	Not applicable	Research
US Civilian Research & Development Foundation 1776 Wilson Blvd Suite 300 Arlington, VA 22209	54-1773406	501(c)(3)	62,944		Not applicable	Not applicable	Research

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Virginia Commonwealth University 800 East Leigh St Suite 3200 Richmond, VA 232843039	54-6001758	GOVT	10,229		Not applicable	Not applicable	Research
University of Virginia 580 Massie Road Charlottesville, VA 22903	54-6001796	GOVT	241,661		Not applicable	Not applicable	Research

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West Virginia University Research Corp One Medical Center Drive P O Box 9235 Morgantown, WV 26506	55-0665758	501(c)(3)	21,700		Not applicable	Not applicable	Research
Duke University 210 Baker House P O Box 3279 Durham, NC 27710	56-0532129	501(c)(3)	1,168,896		Not applicable	Not applicable	Instruction

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Wake Forest University P O Box 7285 Winston Salem, NC 27109	56-0532138	501(c)(3)	629,287		Not applicable	Not applicable	Research
Mission Hospital Inc 509 Biltmore Ave Asheville, NC 28801	56-0532141	501(c)(3)	39,080		Not applicable	Not applicable	Research

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University of North Carolina Charlotte Office Of Student Accounts 9201 University City Boulevard Charlotte, NC 28223	56-0791228	GOVT	88,857		Not applicable	Not applicable	Research
University of North Carolina Chapel Hill UNC School of Medicine N 2198 UNC Hospitals Chapel Hill, NC 275997010	56-6001393	GOVT	1,778,115		Not applicable	Not applicable	Research

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Medical University of South Carolina Histology Core Laboratory 171 Ashley Ave MSC 908 Charleston, SC 29425	57-6000722	GOVT	87,734		Not applicable	Not applicable	Research
University of South Carolina USC Information Sciences Institute 4676 Admiralty Way Marina del Rey, CA 90292	57-6001153	GOVT	658,636		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Mercer University 1501 Mercer University Drive Macon, GA 31207	58-0566167	501(c)(3)	13,300		Not applicable	Not applicable	Research
Emory University 1405 Clifton Road NE 3rd Floor Atlanta, GA 303221060	58-0566256	501(c)(3)	496,980		Not applicable	Not applicable	Instruction

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MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW Atlanta, GA 30310	58-1438873	501(c)(3)	287,076		Not applicable	Not applicable	Instruction
Saint Thomas Health Foundation 4220 Harding Road Nashville, TN 37205	58-1663055	501(c)(3)	30,600		Not applicable	Not applicable	Research

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Saint Thomas Health 4220 Harding Rd Nashville, TN 37205	58-1716804	501(c)(3)	18,870		Not applicable	Not applicable	Research
Children's Healthcare of Atlanta Inc 1687 Tullie Circle NE Research Department Atlanta, GA 30329	58-2367819	501(c)(3)	7,200		Not applicable	Not applicable	Research

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Georgia Tech Applied Research Corp P O Box 277004 Atlanta, GA 303847004	58-2374837	501(c)(3)	22,907		Not applicable	Not applicable	Research
University of Miami P O Box 248106 Coral Gables, FL 331242912	59-0624458	501(c)(3)	2,258,432		Not applicable	Not applicable	Instruction

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H Lee Moffitt Cancer Center and 1209 Magnolia Dr M2Gen-INNOV Tampa, FL 336129497	59-2451713	501(c)(3)	143,615		Not applicable	Not applicable	Research
University of South Florida University Controllers Office 4202 East Fowler Ave ADM 147 Tampa, FL 336205800	59-3102112	GOVT	28,738		Not applicable	Not applicable	Research

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Tampa General Hospital Office of Clinical Research 5 Tampa General Circle Tampa, FL 33606	59-3458145	501(c)(3)	9,490		Not applicable	Not applicable	Research
University of Florida UF-ICBR 2033 Mowry Road Gainesville, FL 32610	59-6002052	GOVT	1,194,138		Not applicable	Not applicable	Research

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Memorial Healthcare System P O Box 538514 Atlanta, GA 303538514	59-6014973	501(c)(3)	23,583		Not applicable	Not applicable	Research
University of Louisville Research Controllers Office 223 Service Complex Louisville, KY 40292	61-1029626	501(c)(3)	352,242		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon State University A312 Kerr Admin Bldg Corvallis, OR 973312140	61-1730890	GOVT	185,385		Not applicable	Not applicable	Research
University of Kentucky Research 201 Kinkead Hall Lexington, KY 405060057	61-6033693	501(c)(3)	167,448		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Council on Aging of Greater Nashville 95 White Bridge Road Suite 250 Nashville, TN 37205	62-0476667	501(c)(3)	43,199		Not applicable	Not applicable	Research
Vanderbilt University PMB 401591 2301 Vanderbilt Place Nashville, TN 372401591	62-0476822	501(c)(3)	15,248,982		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Tennessee Valley Healthcare System Chaplain Phillips TVHS 3400 Lebanon Road Murfreesboro, TN 37129	62-0484828	GOVT	52,798		Not applicable	Not applicable	Research
David Lipscomb University University Relations One University Park Drive Nashville, TN 37204	62-0485733	501(c)(3)	22,130		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Meharry Medical College Office of Grants Contracts 1005 Dr D B Todd Jr Blvd Nashville, TN 37208	62-0488046	501(c)(3)	1,918,272		Not applicable	Not applicable	Research
Tennessee Hospital Association 5201 Virginia Way Brentwood, TN 370277540	62-0534232	501(c)(3)	40,370		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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St Judes Childrens Research Hospital P O Box 1000 Memphis, TN 381480949	62-0646012	501(c)(3)	63,655		Not applicable	Not applicable	Research
University of Memphis Interlibrary Loan 126 Ned R McWherter Library Memphis, TN 381523250	62-0648618	GOVT	16,648		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Metro Public Health Department 2500 Charlotte Avenue Suite 100 Nashville, TN 37209	62-0694743	GOVT	87,973		Not applicable	Not applicable	Research
Tennessee State University Office Of Vp For Bus And Fin 3500 John A Merritt Blvd Nashville, TN 372091561	62-0786119	GOVT	97,942		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Matthew Walker Health Center Inc 1035 14th Avenue N Nashville, TN 37208	62-1035426	501(c)(3)	7,758		Not applicable	Not applicable	Research
Nashville CARES 633 Thompson Lane Nashville, TN 37204	62-1274532	501(c)(3)	17,285		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Saint Thomas Research Institute 300 20th Avenue North Nashville, TN 37203	62-1284994	501(c)(3)	6,437		Not applicable	Not applicable	Research
Middle Tennessee Research Institute 1310 24th Avenue South Nashville, TN 37212	62-1387860	501(c)(3)	64,969		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Cumberland Pediatric Foundation 3102 West End Ave Ste 175 Nashville, TN 37203	62-1615913	501(c)(3)	523,115		Not applicable	Not applicable	Research & Contribution
OrthoTennessee 260 Fort Sanders West Blvd Knoxville, TN 37922	62-1700130	N/A	24,859		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Cumberland Pharmaceuticals Inc P O Box 409903 Atlanta, GA 303849903	62-1765329	N/A	77,573		Not applicable	Not applicable	Research
University of Tennessee Memphis Finance Operations Contracts 62 South Dunlap Memphis, TN 38163	62-6001636	GOVT	499,896		Not applicable	Not applicable	Public Service

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Jackson Madison County General Hospital 620 Skyline Drive Jackson, TN 38301	62-6010402	GOVT	22,394		Not applicable	Not applicable	Instruction
East Tennessee State University Financial Services P O Box 70732 Johnson City, TN 376140732	62-6021046	GOVT	196,346		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Montgomery Aids Outreach Inc PO Box 11087 Montgomery, AL 36111	63-0959628	501(c)(3)	275,953		Not applicable	Not applicable	Instruction
University of Alabama Box 870136 Tuscaloosa, AL 354870136	63-6001138	GOVT	246,734		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Alabama at Birmingham 701 20th Street South AB 990 Birmingham, AL 35294	63-6005396	GOVT	986,355		Not applicable	Not applicable	Research
University of Mississippi Medical Center 2500 North State Street Jackson, MS 392164505	64-6008520	GOVT	201,992		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Puerto Rico Medical P O Box 365067 San Juan, PR 00936	66-0433762	GOVT	54,251		Not applicable	Not applicable	Research
PHDs Co 3011 Amherst Road Knoxville, TN 37921	68-0625833	N/A	105,273		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Arkansas Children's Hospital Research 13 Childrens Way Little Rock, AR 72202	71-0694931	501(c)(3)	11,620		Not applicable	Not applicable	Research
Administrators of the Tulane Educational Tulane University 800 East Commerce Road Harahan, LA 70123	72-0423889	501(c)(3)	21,475		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LSU Health Sciences Center New Orleans 2020 Gravier St 3rd Floor New Orleans, LA 70112	72-6087770	GOVT	107,417		Not applicable	Not applicable	Research
University of Texas Health Science at San Antonio Center at San Antonio MC 7750 7703 Floyd Curl Drive San Antonio, TX 782293900	74-1586031	GOVT	186,907		Not applicable	Not applicable	Research

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Baylor College of Medicine Dept of Pathology Texas Childrens Hospital Houston, TX 77030	74-1613878	501(c)(3)	597,933		Not applicable	Not applicable	Research
University of Texas Health Science at Houston 7000 Fannin Street Houston, TX 77030	74-1761309	GOVT	77,105		Not applicable	Not applicable	Research

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Palmetto General Hospital 2001 West 68th Street Hialeah, FL 33016	74-1802680	N/A	6,013		Not applicable	Not applicable	Research
National Jewish Health P O Box 17379 Denver, CO 802170379	74-2044647	501(c)(3)	61,050		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Texas A & M University Health Science 400 Harvey Mitchell Parkway S Suite 300 College Station, TX 778454375	74-2907553	GOVT	7,010		Not applicable	Not applicable	Research
University of Texas at Austin Office of Accounting P O Box 7159 Austin, TX 787137159	74-6000203	GOVT	259,493		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Texas Medical Branch Department of Preventive Medicine Community Health Galveston, TX 775551109	74-6000949	GOVT	21,503		Not applicable	Not applicable	Research
MD Anderson Cancer Center 1515 Holcombe Blvd Houston, TX 77030	74-6001118	GOVT	35,385		Not applicable	Not applicable	Research

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University of Texas Dallas 800 West Campbell Road Richardson, TX 75080	75-1305566	GOVT	88,819		Not applicable	Not applicable	Research
Translational Genomics Research Inst 445 North Fifth Street Suite 600 Phoenix, AZ 85004	75-3065445	501(c)(3)	66,112		Not applicable	Not applicable	Research

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University of Texas Southwestern Medical 5323 Harry Hines Blvd Advanced Imaging Research Center Dallas, TX 753909185	75-6002868	GOVT	121,419		Not applicable	Not applicable	Research
Palo Alto Veterans Institute for Post Office Box V-38 Palo Alto, CA 94304	77-0207331	501(c)(3)	168,992		Not applicable	Not applicable	Research

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Positive Oral Health Consulting LLC 3020 NE 32nd Ave Fort Lauderdale, FL 33308	33-3087230	N/A	29,172		Not applicable	Not applicable	Instruction
DHR Health Institute for Research and Development 5323 South McColl Road Edinburg, TX 78539	83-3783071	501(c)(3)	153,335		Not applicable	Not applicable	Research

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Radiology Imaging Associates PC 10700 East Geddes Ave Englewood, CO 80112	84-0597929	N/A	5,800		Not applicable	Not applicable	Research
University of Colorado Denver Acct 2027117 Health Sciences Center Denver, CO 802910399	84-6000555	GOVT	740,657		Not applicable	Not applicable	Research

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University of New Mexico 1 University of New Mexico MSC09 5225 Albuquerque, NM 87131	85-6000642	GOVT	24,024		Not applicable	Not applicable	Research
Mayo Clinic Nicotine Dependence Center 200 1st Street SW Rochester, MN 55905	86-0800150	501(c)(3)	66,338		Not applicable	Not applicable	Research

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University of Utah Income Acct/Student Loan Services 201 South 1460 E Rm 165 Salt Lake City, UT 84112	87-6000525	GOVT	330,112		Not applicable	Not applicable	Research
Seattle Children's Hospital P O Box 24049 Seattle, WA 981240049	91-0564748	501(c)(3)	56,626		Not applicable	Not applicable	Research

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Infectious Disease Research Institute 1616 Eastlake Ave East Seattle, WA 98102	91-1608978	501(c)(3)	1,086,646		Not applicable	Not applicable	Research
University of Washington P O Box 3655 Seattle, WA 98124	91-6001537	GOVT	2,029,278		Not applicable	Not applicable	Research

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Oregon Health & Science University 0690 SW Bancroft Street Portland, OR 97239	93-1176109	GOVT	173,487		Not applicable	Not applicable	Research
Kaiser Foundation Research Institute 1800 Harrison Street 16th Floor Oakland, CA 946123433	94-1105628	501(c)(3)	20,959		Not applicable	Not applicable	Research

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Leland Stanford Junior University Cardiovascular Institute 1215 Welch Road Modular B Stanford, CA 943055414	94-1156365	501(c)(3)	967,919		Not applicable	Not applicable	Research
IHC Health Services Inc P O Box 57828 Salt Lake City, UT 84157	94-2854057	501(c)(3)	121,946		Not applicable	Not applicable	Research

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University of California San Francisco 550 16th St 6th Floor Space 6331 San Francisco, CA 94158	94-6036493	GOVT	281,690		Not applicable	Not applicable	Research
University of Southern California 3500 S Figueroa Street Los Angeles, CA 900742095	95-1642394	501(c)(3)	2,948,276		Not applicable	Not applicable	Research

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California Institute of Technology Monoclonal Antibody Facility Div of Biology 216-76 Pasadena, CA 91125	95-1643307	501(c)(3)	403,425		Not applicable	Not applicable	Research
Cedars Sinai Medical Center 8635 West Tower Los Angeles, CA 90048	95-1644600	501(c)(3)	556,658		Not applicable	Not applicable	Research

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City of Hope National Medical Center c/o Cindy Palmer Info Sciences 1500 East Duarte Road Duarte, CA 91010	95-1683875	501(c)(3)	144,316		Not applicable	Not applicable	Research
University of California Irvine 120 Theory Irvine, CA 926971050	95-2226406	GOVT	34,793		Not applicable	Not applicable	Research

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University of Hawaii Institute for Astronomy 2680 Woodlawn Drive Honolulu, HI 96822	99-6000354	GOVT	23,847		Not applicable	Not applicable	Research
March of Dimes 1275 Mamaroneck Ave White Plains, NY 10605	13-1846366	501(c)(3)	5,750		Not applicable	Not applicable	Contribution

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American Heart Association 1818 Patterson St Nashville, TN 37203	13-5613797	501(c)(3)	220,500		Not applicable	Not applicable	Contribution
Children's Emergency Care Alliance 3841 Green Hills Village Drive Nashville, TN 37215	20-2802786	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

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JDRF Diabetes Foundation 105 Westpark Dr Brentwood, TN 37027	23-1907729	501(c)(3)	13,500		Not applicable	Not applicable	Contribution
Acoustic Neuroma Association 600 Peachtree Parkway Cumming, GA 30041	23-2170836	501(c)(3)	15,000		Not applicable	Not applicable	Contribution

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Heritage Foundation 112 Bridge St Franklin, TN 37064	23-7042596	501(c)(3)	20,000		Not applicable	Not applicable	Contribution
Tennessee Kidney Foundation 37 Peabody Street Nashville, TN 37210	27-0812507	501(c)(3)	13,000		Not applicable	Not applicable	Contribution

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American Organization for Nursing Leadership 155 N Wacker Drive Suite 400 Chicago, IL 60606	36-3591337	501(c)(3)	30,000		Not applicable	Not applicable	Contribution
Williamson Inc 5005 Meridian Blvd Franklin, TN 37067	36-4720381	501(c)(6)	26,500		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Spring Hill Chamber of Commerce P O Box 1815 Spring Hill, TN 37174	45-0484327	501(c)(6)	12,500		Not applicable	Not applicable	Contribution
The Nashville Food Project 3605 Hillsboro Pike Nashville, TN 37215	45-2905951	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Pilgrimage Presents LLC PO Box 3314 Houma, LA 70361	47-3296867	N/A	17,500		Not applicable	Not applicable	Contribution
T J Martell Foundation 1114 17th Ave S Nashville, TN 37212	51-0180178	501(c)(3)	65,000		Not applicable	Not applicable	Contribution

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Tennessee State Museum Foundation 505 Deaderick Street Nashville, TN 37243	51-0200584	501(c)(3)	6,000		Not applicable	Not applicable	Contribution
National Business Group on Health 20 F St New Washington, DC 20001	52-1147591	501(c)(3)	25,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Academy Health 1666 K Street NW Suite 1100 Washington, DC 20006	52-1260918	501(c)(3)	7,950		Not applicable	Not applicable	Contribution
Research America 241 18th Street South 501 Arlington, VA 22202	52-1609875	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Institute for Patient-and-Family-Centered Care 6917 Arlington Rd Bethesda, MD 20814	52-1777133	501(c)(3)	40,000		Not applicable	Not applicable	Contribution
National Medical Association 8403 Colesville Road Silver Spring, MD 20910	53-6010805	501(c)(3)	15,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of the Mid South 1005 Tillman Street Memphis, TN 38112	56-1010742	501(c)(3)	7,000		Not applicable	Not applicable	Contribution
Centennial Park Conservancy P O Box 196340 Nashville, TN 37219	58-1609026	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lebanon Wilson County Chamber of Commerce 149 Public Square Lebanon, TN 37087	62-0268275	501(c)(6)	6,250		Not applicable	Not applicable	Contribution
YWCA Nashville and Middle TN 1608 Woodmont Blvd Nashville, TN 37215	62-0475702	501(c)(3)	8,350		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior League of Nashville 2202 Crestmoor Rd Nashville, TN 37215	62-0476815	501(c)(3)	30,000		Not applicable	Not applicable	Contribution
Nashville Symphony Orchestra 209 10th Avenue South Ticket Office Nashville, TN 37203	62-0550979	501(c)(3)	12,900		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cumberland University 1 Cumberland Square Lebanon, TN 37087	62-0599339	501(c)(3)	15,000		Not applicable	Not applicable	Contribution
Cheekwood Botanical Garden & Museum of Art 1200 Forrest Park Dr Nashville, TN 37205	62-0627921	501(c)(3)	50,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hospital Hospitality House 214 Reidhurst Avenue Nashville, TN 37214	62-0909363	501(c)(3)	37,000		Not applicable	Not applicable	Contribution
Wilson County Promotions Inc P O Box 1203 Lebanon, TN 37088	62-1088535	501(c)(4)	7,500		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tennessee Chamber of Commerce & Industry 414 Union Street Nashville, TN 37219	62-1236022	501(c)(6)	10,000		Not applicable	Not applicable	Contribution
Tennessee Disability Coalition 955 Woodland Street Nashville, TN 37206	62-1447320	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nashville Health Care Council P O Box 60427 Nashville, TN 37206	62-1475145	501(c)(3)	35,000		Not applicable	Not applicable	Contribution
Franklin Tomorrow P O Box 383 Franklin, TN 37065	62-1821869	501(c)(3)	8,500		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Alliance on Mental Illness Davidson County 1101 Kermit Dr Nashville, TN 37217	80-0597038	501(c)(3)	6,250		Not applicable	Not applicable	Contribution
Coalition for Better Health 3796 Bedford Ave Suite 302 Nashville, TN 37215	83-4259201	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Patient Assistance	121	173,630			
Patient Assistance	121	173,630			
Patient Assistance	294		95,302	FMV	Healthcare Supplies & Medicine
Patient Assistance	215		10,750	FMV	Car Seats & Home Safety Kits
Patient Assistance	10727		20,191,949	FMV	Prescription Drugs
Patient Assistance	136		206,571	FMV	Post Acute Care

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
Patient Assistance	17		56,714	FMV	Patient Temporary Housing
Patient Assistance	17		56,714	FMV	Patient Temporary Housing
Awards and Research Grants	758	8,363,481			
Patient Assistance	1347		356,009	FMV	Ambulance Rides
Patient Assistance	762		89,323	FMV	Car Rides

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Vanderbilt University Medical Center		Employer identification number 35-2528741

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	Vanderbilt University Medical Center excludes the benefits from taxable income when a documented business purpose is served. 1 officer received charter travel benefits that were not included in taxable compensation. 3 officers, 1 director, 1 key employee, and 1 highest compensated employee received first-class travel benefits that were not included in taxable compensation.
Schedule J, Part I, Line 1a Travel for companions	2 directors received companion travel benefits with taxes properly withheld.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	2 OFFICERS and 2 directors RECEIVED TAX GROSS-UP PAYMENT BENEFITS THAT WERE INCLUDED IN TAXABLE COMPENSATION.
Schedule J, Part I, Line 4a Severance or change-of-control payment	One key employee, Traci K. Nordberg, received a severance payment totaling \$77,517 that was included in taxable compensation.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Certain individuals listed in Form 990, Schedule J, Part II participate in nonqualified deferred compensation plans. Amounts contributed to the plans include fixed percentages of annual bonus payments and fixed dollar amounts. CONTRIBUTIONS TO THE PLAN VEST ON THE FIRST DAY OF THE FOURTH PLAN YEAR FOLLOWING CONTRIBUTION, OR UPON OCCURRENCE OF OTHER EVENTS SPECIFIED IN THE PLAN (INCLUDING EXPIRATION OF THE PARTICIPANT'S EMPLOYMENT AGREEMENT, IF PARTICIPANT HAS REACHED AGE 65). Current year accruals of compensation associated with these plans are included in the amounts reported for each individual in Schedule J, Part II, Column (C). The payout of these amounts in future years will be included in the amounts reported in Schedule J, Part II, Column (B)(iii) for such individuals. Amounts accrued in prior years and previously reported in Schedule J, Part II, Column (C) are reported in Schedule J, Part II, Column (F). Payouts were made under these plans to 2 key employees during 2019. Traci K. Nordberg received a payout totaling \$415,128, and Charles L. Gregory received a payout totaling \$348,517.
Schedule J, Part I, Line 7 Non-fixed payments	Certain individuals listed in Schedule J, Part II received variable incentive compensation based on the achievement of pre-established goals where judgment was determined by the Compensation Committee. Incentive payments are shown in Schedule J, Part II, Column B(ii).

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-2528741
Name: Vanderbilt University Medical Center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Jeffrey R Balser MD PHD President and CEO	(i)	2,062,778	697,058	31,822	686,898	31,281	3,509,837	0
	(ii)	0	0	0	0	0	0	0
1C Wright Pinson MD MBA Deputy CEO and Chief Health System Officer	(i)	1,773,601	419,252	33,843	458,456	9,308	2,694,460	0
	(ii)	0	0	0	0	0	0	0
2Cecelia B Moore MHA CPA CHFP CFO and Treasurer	(i)	991,866	236,769	77,372	265,097	20,361	1,591,465	0
	(ii)	0	0	0	0	0	0	0
3John F Manning Jr PHD MBA COO and Corporate Chief of Staff	(i)	828,183	195,201	42,580	220,937	23,602	1,310,503	0
	(ii)	0	0	0	0	0	0	0
4Michael J Regier JD General Counsel and Secretary	(i)	708,792	170,633	25,687	194,928	22,952	1,122,992	0
	(ii)	0	0	0	0	0	0	0
5Charles L Gregory MA MBA MH CEO, Monroe Carell Jr. Children's Hospital at Vanderbilt	(i)	564,650	245,118	370,784	87,121	21,752	1,289,425	348,517
	(ii)	0	0	0	0	0	0	0
6Traci K Nordberg JD Chief HR Officer	(i)	605,908	135,251	417,871	99,208	17,855	1,276,093	415,128
	(ii)	0	0	0	0	0	0	0
7DAVID S RAIFFORD MD Chief of Clinical Staff	(i)	705,606	170,806	31,961	158,253	23,629	1,090,255	0
	(ii)	0	0	0	0	0	0	0
8William W Stead MD Chief Strategy Officer	(i)	744,627	175,045	14,826	13,638	14,019	962,155	0
	(ii)	0	0	0	0	0	0	0
9David R Posch EVP for Population Health	(i)	726,739	169,430	4,343	13,832	16,193	930,537	0
	(ii)	0	0	0	0	0	0	0
10Zeena M Abdulahad MPA EVP and Chief Development Officer	(i)	607,715	118,096	1,242	128,590	10,785	866,428	0
	(ii)	0	0	0	0	0	0	0
11Thomas S Nantais MBA EVP Adult Ambulatory	(i)	602,294	76,021	3,564	95,814	20,804	798,497	0
	(ii)	0	0	0	0	0	0	0
12Margaret G Rush MD MMHC President and Executive Medical Director, Monroe Carell Jr. Children's Hospital at Vanderbilt	(i)	461,408	76,423	13,697	13,638	17,781	582,947	0
	(ii)	0	0	0	0	0	0	0
13Byron F Stephens II MD Asst Professor Comprehensive Spine Center	(i)	725,691	1,339,766	10,986	13,638	17,871	2,107,952	0
	(ii)	0	0	0	0	0	0	0
14Scott L Parker MD Asst Professor Neurological Surgery	(i)	619,977	1,339,280	29,932	13,638	32,782	2,035,609	0
	(ii)	0	0	0	0	0	0	0
15Ginger Holt MD Professor, Ortho-Oncology	(i)	1,405,253	44,647	15,180	13,638	36,505	1,515,223	0
	(ii)	0	0	0	0	0	0	0
16Jacob P Schwarz MD Asst Professor Neurological Surgery	(i)	970,989	392,630	30,310	13,637	624	1,408,190	0
	(ii)	0	0	0	0	0	0	0
17Paul Sternberg Jr MD CMO & VP Clinical Affairs	(i)	1,015,007	263,290	32,947	13,638	23,700	1,348,582	0
	(ii)	0	0	0	0	0	0	0
18Mitchell C Edgeworth MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	(i)	362,062	0	405	40,292	13,596	416,355	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Vanderbilt University Medical Center

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

35-2528741

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY TENNESSEE - Series 2018	62-6139016	000000000	04-20-2018	53,385,000	Refunding of the 2016F Issue		X		X		X
B THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY TENNESSEE Series 2017A	62-6139016	592041YC5	07-26-2017	126,334,390 (See Statement)			X		X		X
C THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY TENNESSEE - Series 2016A	62-6139016	592041WH6	04-29-2016	536,573,506 (SEE STATEMENT)			X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		53,385,000		127,128,208		536,573,506		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		285,000		1,334,390		10,700,399		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				125,793,818		525,873,107		
11 Other spent proceeds		53,100,000						
12 Other unspent proceeds				0				
13 Year of substantial completion	2018		2019		2016			

14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?							
2	Are there any lease arrangements that may result in private business use of bond-financed property?							

Part III Private Business Use (Continued)

		A			B			C			D	
		Yes	No		Yes	No		Yes	No		Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X			X			X				
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X			X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X			X			X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.2 %				0 %			0.7 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		0 %				0 %			0.2 %		
6	Total of lines 4 and 5		0.2 %				0 %			0.9 %		
7	Does the bond issue meet the private security or payment test?		X			X			X			
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X			X			X			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.											
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?											
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X			X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X			X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)											
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C			D		
		Yes	No	Yes	No	Yes	No	Yes	No		
			X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
6	Were any gross proceeds invested beyond an available temporary period?		X		X			X			
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X			X				
Part V Procedures To Undertake Corrective Action											
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		A		B		C			D		
		Yes	No	Yes	No	Yes	No	Yes	No		
		X		X			X				
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).											
Return Reference		Explanation									
Schedule K, Part I, Column (f) Description of Purpose		Row (B) - The issue is financing various new capital projects for the medical center. Row (C) - Cost of construction, renovation, remodeling and equipping of capital projects for the Borrower.									

Return Reference	Explanation
Schedule K, Part II, Line 11 Other Spent Proceeds	Column (a) - The other spent proceeds are the refunding proceeds no longer in escrow.

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	Column (b) - The difference in the issue price and total proceeds of \$793,818 is due to investment earnings on the project fund. As of 6/30/2020 all proceeds were spent on capital projects for the issue and are included in the total amount spent on capital expenditures on line 10, as well as the total proceeds of line 3.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Vanderbilt University Medical Center

Employer identification number
35-2528741

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Meaghan C Lynch	Family member of current director, Samuel E. Lynch, DMD, DMSC	70,806	Employment at Vanderbilt University Medical Center		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Vanderbilt University Medical Center

Employer identification number
35-2528741

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	200	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		96,679	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	67	3,765,302	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	3	1,175	Market value
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Gift	X	3	200	Market value
25 Other ► (<u>Certificates</u>)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Column (b) - Number of Contributions or Items Contributed	Column (b) reports the number of contributions made.
Schedule M, Part I Line 5 - Clothing and household goods	Donation of various household items for silent auction benefiting the Monroe Carell Jr. Children's Hospital at Vanderbilt. Donation of various hearing aid supplies benefiting Bill Wilkerson Center patients at Vanderbilt.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Vanderbilt University Medical Center

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

35-2528741

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	Vanderbilt University Medical Center ("VUMC") is one of the nation's longest serving and most prestigious academic medical centers. Through its historic bond with Vanderbilt University, VUMC cultivates distinguished research and educational programs to advance a clinical enterprise that provides compassionate and personalized care and support for millions of patients and family members each year. World-leading academic departments and comprehensive centers of excellence pursue scientific discoveries, transformational educational and clinical advancements across the entire spectrum of health and disease. The Medical Center's vision is to be the world leader in advancing personalized health while its mission is personalizing the patient experience through our caring spirit and remarkable capabilities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>4a. Patient Services - VUMC provides high quality medical and health care services regardless of race, creed, gender, national origin, handicap, age or ability to pay. Although reimbursement for services rendered is critical to the operation and stability of VUMC, it is recognized that not all individuals possess the ability to purchase essential medical services, and further that part of VUMC's mission is to serve the community. Therefore, in keeping with VUMC's commitment to serve all members of its community, free care and/or subsidized care, care provided to persons covered by governmental programs at below cost, and health activities and programs to support the community are provided where the need and/or an individual's inability to pay coexists. These activities include wellness programs, community education programs, special programs for the elderly, handicapped, medically underserved, and a variety of broad community support activities. Charity care is also provided through many reduced-price services and free programs offered throughout the year based up on activities and services which VUMC believes will serve a bona fide community health need. During the fiscal year, VUMC serviced 66,971 inpatients and 2,219,299 emergency and outpatient clinic visits. VUMC's leadership in the delivery of academically based health care is recognized by the nation's most trusted advisory bodies and reporting organizations, including the National Academies, the Magnet Recognition Program, U.S. News & World Report, Becker's Hospital Review and others: * U.S. News & World Report: for 2020 Vanderbilt University Medical Center named #1 hospital in Tennessee for the ninth consecutive year; #1 Metro Nashville; 7 adult clinical specialties ranked among the nation's best; Monroe Carell Jr. Children's Hospital at Vanderbilt is named as one of the elite children's hospital in the nation by U.S. News, with 10 out of 10 specialties nationally ranked in 2020 * Becker's Hospital Review: one of the "100 Great Hospitals in America," the only health care facility in Tennessee to make the list in 2020 * National Institutes of Health: Vanderbilt University School of Medicine currently ranked 11th among the top grant awardees for medical research in the U.S. as of December 2019 * Magnet Designation from American Nurses Credentialing Center: Vanderbilt University Medical Center is the only organization in Middle Tennessee that has been Magnet-designated three consecutive times * For the ninth time, VUMC was named a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign Healthcare Equality Index (HEI) 2019. VUMC is the only organization in Tennessee to repeatedly be recognized for its commitment to adopting LGBTQ-inclusive patient, visitation and employment policies. * The CEO Roundtable on Cancer re-accredited VUMC as a CEO Cancer Gold Standard employer for VUMC's efforts to reduce the risk of cancer for employees and their families. VUMC has earned the CEO Cancer G</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>old Standard designation every year since 2008. Along with the various national rankings, there are several VUMC programs unique to Tennessee or the region, which include: * Only Level 1 (highest level) Trauma Center in Middle Tennessee * Only Level 4 (highest level) Neonatal Intensive Care Unit, as well as a dedicated pediatric emergency department and pediatric trauma program * Vanderbilt-Ingram Cancer Center, the only National Cancer Institute -designated Comprehensive Cancer Center in Tennessee that conducts research and cares for both children and adults; also, a member of the elite National Comprehensive Cancer Network, a group of the nation's top 21 clinical cancer institutes * Only Joint Commission-accredited program for traumatic brain injury rehabilitation (one of seven nationally) * Dedicated regional burn center * LifeFlight, an integrated air and ground emergency patient transport system * Tennessee Poison Center * Tennessee's only comprehensive solid organ transplant center, serving both adult and pediatric patients For more information regarding health care at Vanderbilt University Medical Center, visit https://www.vanderbilthealth.com/patientandvisitorinfo/48538</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	<p>4b. Academic and Scientific Research - VUMC is an internationally recognized research institution. A majority of VUMC's research funding, including substantial support from the National Institutes of Health, is received from the federal government. Funding is also received from foundations, associations, corporations, and other sources. VUMC's researchers are at the forefront of discovery and are posing innovative solutions to some of the most challenging questions about diseases affecting humankind. Our programs in Graduate Medical Education are consistently among the most selective, and are nationally recognized for their diversity & inclusion, innovation and capacity to transform the educational experience, while the breadth of our scientific discovery is propelled by a research enterprise that is consistently ranked among the nation's top recipients in total federal funding. For more information regarding research at Vanderbilt University Medical Center visit: https://www.vumc.org/oor/ (Please use lowercase to access the website)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 103,996,206 including grants of \$ 0)(Revenue \$ 304,203,282) 4d. Other Program Services - Other program services include public health service, academic support, institutional support, and other auxiliary services. Vanderbilt University Medical Center engages in a variety of public service projects, including, but not limited to formulating new approaches to increase health, safety, quality and outcomes, while decreasing total costs; and many other sponsored community health and educational programs. To read more about VUMC's role in the community, visit https://www.vanderbilthealth.com/main/38766

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/Business Relationships Amongst Interested Parties	As a result of VUMC's continuing relationship with Vanderbilt University, David W. Patterson, Robert C. Schiff, Jr., Gregory Scott Allen, Susan R. Wentz, and Nicholas S. Zeppos serve on the Vanderbilt University Board of Trust and were appointed by Vanderbilt University to serve on the VUMC Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE OF THE BOARD OF THE DIRECTORS CONSISTS OF AT LEAST THREE DIRECTORS, INCLUDING THE BOARD CHAIRPERSON, THE CEO OF VUMC, AND THE CHANCELLOR OF VANDERBILT UNIVERSITY. THE EXECUTIVE COMMITTEE IS EMPOWERED TO EXERCISE ALL OF THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, SUBJECT TO CERTAIN RESTRICTIONS INVOLVING MAJOR CORPORATE DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is prepared by VUMC and provided to Ernst & Young, VUMC's independent accounting firm for review. After review by Ernst & Young, VUMC provides a draft copy of the Form 990 and all required schedules for review to all General Officers, which includes the Chief Executive Officer, Chief Financial Officer and Secretary. Once this review process is complete, the Audit and Compliance Committee is provided electronic access to the draft Form 990 and all required schedules for review. The final Form 990 and all required schedules are made available to the full Board of Directors for review prior to the filing of the return.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>VUMC has a conflict of interest ("COI") policy, which requires that all staff members and VUMC employed faculty complete a Conflict of Interest form annually, disclosing any potential conflicts of interest. If a conflict is disclosed by a staff member, the conflict is reviewed by the individual's supervisor and the COI director, in the Office of Legal Affairs, which reports to the VUMC General Counsel / Corporate Secretary. For VUMC employed faculty, disclosed conflicts are reviewed by the faculty member's department chair and the Associate Dean for Faculty Affairs. VUMC has a Conflict of Interest Committee which consists of representatives from relevant areas across VUMC and are appointed by the CEO upon the recommendation of the Chief of Clinical Staff. The Chief of Clinical Staff serves as chair of the committee. The Conflict of Interest Committee is responsible for reviewing conflict of interest cases of VUMC employees (including those holding VU faculty appointments) where a decision is not made after the initial review of the disclosure; and where VUMC as a party, or in which VUMC as an institution, is subject to a conflict of interest. Any reported conflict is managed or eliminated as appropriate. The Conflict of Interest Committee reports semiannually to the VUMC Board Audit & Compliance Committee. Members of the Board of Directors also must complete annual Conflict of Interest Disclosures. Those with disclosed potential conflicts of interest are presented to the Audit and Compliance Committee of the Board of Directors, along with their respective management action plans, where applicable. Management plans may include restrictions on members, such as recusing themselves during deliberations and decisions in which a potential conflict may exist, with the minutes of the meeting reflecting their recusal.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	FORM 990, PART VI, LINES 15A & 15B - To ensure that VUMC is paying reasonable total compensation, is not violating the private inurement prohibition, which requires that none of the organization's income or assets unreasonably benefit any of its directors, officers, or key employees, and is in compliance with the intermediate sanctions provisions with respect to the general officers, VUMC's Board of Directors has designated the Management Development and Compensation Committee made up of outside, independent, board members to review and recommend to the Executive Committee of the Board of Directors the total compensation annually for the general officers. The committee utilizes an outside consulting firm to provide expert information regarding industry-wide compensation norms and compliance with all Internal Revenue Service rules concerning executive compensation, including the Internal Revenue Code provision related to intermediate sanctions, deferred compensation, and private inurement. The Management Development and Compensation Committee reviews the executive compensation philosophy and affirms that it is in line with the Board's expectation. Each year the total compensation review and recommendations are recorded in the minutes of the Management Development and Compensation Committee meetings. The full Board is informed annually of the total compensation of the general officers during private session.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	VUMC's governing documents are made available for public inspection upon request. VUMC's financial statements are posted to the EMMA (Electronic Municipal Market Access) website. The conflict of interest policy is available on the following website: https://www.vumc.org/general-counsel/person/conflict-interest (Please use lowercase to access the website).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Temporarily and Permanently Restricted Contributions - 45078688; Net Assets Released From Restrictions - -13788140; Endowment Appreciation - 1727346; Change in Non-Controlling Interest Net Assets - -1141129; Other Changes in Net Assets - 1954329;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3b Reason organization did not undergo required audit	The A133 audit for FY2020 has not been completed as of the time of filing the Federal Form 990 due to the pandemic and delayed OMB guidance regarding how to account for government funding received. The audit should be completed in the 2021 Calendar Year.

Part I

Identification of Disregarded Entities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations.

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)Vanderbilt Integrated Providers 3319 West End Ave Suite 700 Nashville, TN 37203 62-1650124	Physician Offices	TN	VHS	C Corporation	2,598,981	4,000,654	100 %	Yes	
(2)Charitable Remainder Trust (5)	Charitable Trust	TN	VUMC	Trust				Yes	
(3)Perpetual Trusts (1)	Charitable Trust	TN	VUMC	Trust				Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	Yes
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-2528741
Name: Vanderbilt University Medical Center

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Vanderbilt Health Services LLC 2100 West End Ave Suite 750 Nashville, TN 37203 62-1176354	Holding Company	TN	1,523,362	18,080,201	VUMC
Friends in Global Health LLC 2525 West End Ave Suite 750 Nashville, TN 37203 26-0170070	Public Health	TN	22,618,622	422,059	VHS
Vanderbilt-Wilson Radiation Oncology LLC 2100 West End Ave Suite 750 Nashville, TN 37203 26-1241612	Holding Company	TN	3,689,270	1,242,282	VHS
Vanderbilt Health Affiliated Network LLC 3401 West End Ave Suite 290 Nashville, TN 37203 46-1571024	Clinical Network	TN	32,448,591	21,024,718	VHS
Project Holding Company LLC 4350 Lassiter at North Hills Ave Suite 300 Raleigh, NC 276095793 81-3915926	Holding Company	TN	0	22,679,775	VUMC
Health Professional Solutions LLC 3319 West End Ave Suite 700 Nashville, TN 37203 30-0964540	Holding Company	TN	0	2,319,173	VUMC
Vanderbilt Health Rx Solutions LLC 3319 West End Ave Suite 700 Nashville, TN 37203 82-1456647	Pharmacy Administration	TN	5,216,182	1,757,496	VHPS
Vanderbilt Health Pharmacy Group LLC 3319 West End Ave Suite 700 Nashville, TN 37203 82-1462688	Pharmacy Services	TN	2,028,113	1,052,387	VHRxS
Retail Health Clinics LLC 2525 West End Ave Suite 700 Nashville, TN 37203 82-1942209	Walk-in Clinics	TN	7,346,307	1,638,177	VHS
Nashville BioSciences LLC 2525 West End Ave Suite 930 Nashville, TN 37203 82-4174759	Research & Development in Biotechnology	TN	5,580,045	2,628,818	VUMC
Vanderbilt Health Supply Chain Solutions LLC MCN 1161 21st Ave D-3300 Nashville, TN 37203 82-4143617	Consulting	TN	482,958	694,992	VHPS
Vanderbilt Health Purchasing Collaborative LLC MCN 1161 21st Ave D-3300 Nashville, TN 37203 82-4148840	Group Purchasing Organization	TN	4,336,383	4,756,645	VHSCS
ACO of Central Alabama 1 LLC 3401 West End Ave Suite 290 Nashville, TN 372036866 82-1681443	Accountable Care Organization	DE	1,153,714	34,544	VWRO
ACO of Louisiana LLC 3401 West End Ave Suite 290 Nashville, TN 372036866 82-1686154	Accountable Care Organization	DE	489,322	6,226	VWRO
ACO of North Delaware LLC 3401 West End Ave Suite 290 Nashville, TN 372036866 81-2692564	Accountable Care Organization	DE	501,900	173,767	VWRO
Mid South ACO LLC 3401 West End Ave Suite 290 Nashville, TN 372036866 82-1685569	Accountable Care Organization	DE	1,248,600	54,358	VWRO
Vanderbilt Home Care Services LLC 2120 Belcourt Avenue Nashville, TN 37212 62-1404948	Home Health	TN	16,645,003	4,068,432	VHS
Carefluent Connect LLC 3319 West End Ave Suite 700 Nashville, TN 37203 84-3131467	Comprehensive Care Services	TN	4,855	-698,473	VHSCS
BUNDLE PAYMENT SERVICES LLC 3319 West End Ave Suite 700 NASHVILLE, TN 37203 84-3700835	ADMINISTRATIVE SERVICES	TN	0	0	VUMC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Ambulatory Surgery Center of Cool Springs LLC 40 Burton Hills Blvd Ste 500 Nashville, TN 37215 62-1809227	Ambulatory Surgery	TN	VHS	Related	3,275,608	3,115,493		No			No	51.02 %
New Light Imaging LLC 2000 Richard Jones Road Ste 270 Nashville, TN 37215 14-1895171	Management Services	TN	VHS	Related	966,677	659,616		No			No	66.67 %
One Hundred Oaks Imaging LLC 2000 Richard Jones Road Ste 270 Nashville, TN 37215 26-3762022	Diagnostic Imaging	TN	VHSVIS	Related	3,241,270	3,679,488		No			No	77.6 %
Springfield VIP Realty LLC 3319 West End Ave Ste 700 Nashville, TN 37203 26-1237360	Real Estate	TN	VUMC	Excluded	20,753	419,247		No		Yes		49 %
Vanderbilt Gateway Cancer 3319 West End Ave Ste 700 Nashville, TN 37203 20-3844791	Oncology Services	DE	VHS	Related	1,140,214	3,460,463		No		Yes		50 %
Vanderbilt Imaging Services LLC 2000 Richard Jones Road Ste 270 Nashville, TN 37215 62-1787098	Radiology Services	TN	VHS	Related	6,311,408	3,850,284		No			No	62.67 %
Vanderbilt Stallworth Rehabilitation Hospital LP 3660 Grandview Parkway Ste 200 Birmingham, AL 35243 63-1077470	Rehab Services	TN	VUMCVHS	Related	-364,783	3,481,885		No		Yes		50 %
Vanderbilt-Maury Radiation Oncology LLC 1003 Reserve Blvd Ste 120 Spring Hill, TN 37174 46-0757412	Oncology Services	TN	VHS	Related	186,457	996,838		No		Yes		40 %
Vanderbilt Health and Williamson Medical Center Clinics and Services 512 Autumn Springs Ct Ste C Franklin, TN 37067 62-1864145	Walk-in Clinics	TN	VHS	Related	349,831	3,166,142		No		Yes		51 %
VIP MidSouth LLC 3319 West End Ave Ste 700 Nashville, TN 37203 62-1654580	Physician Offices	TN	VIP	Related	205,888	2,035,308		No		Yes		58.84 %
Williamson Imaging LLC 2000 Richard Jones Road Ste 270 Nashville, TN 37215 62-1855535	Diag. Imaging	TN	VIS	Related	2,192,905	1,715,715		No			No	50.14 %
Spring Hill Surgery Center LLC 310 Seven Springs Way Suite 500 Brentwood, TN 37027 46-2325870	Ambulatory Surgery	TN	VHS	Related	-494,633	1,423,675		No			No	51 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Ambulatory Surgery Center of Cool Springs LLC	O	84,640	FMV
Ambulatory Surgery Center of Cool Springs LLC	S	2,945,213	FMV
Vanderbilt Gateway Cancer Center GP	L	1,188,374	FMV
Vanderbilt Gateway Cancer Center GP	O	92,368	FMV
Vanderbilt Gateway Cancer Center GP	Q	265,956	FMV
Vanderbilt Gateway Cancer Center GP	S	1,035,562	FMV
Vanderbilt Maury Radiation Oncology LLC	L	391,706	FMV
Vanderbilt Maury Radiation Oncology LLC	O	86,765	FMV
Vanderbilt Maury Radiation Oncology LLC	Q	333,683	FMV
Vanderbilt Stallworth Rehabilitation Hospital LP	B	500,000	FMV
Vanderbilt Stallworth Rehabilitation Hospital LP	K	481,955	FMV
Vanderbilt Stallworth Rehabilitation Hospital LP	Q	2,920,359	FMV
VIP MidSouth LLC	L	138,091	FMV
VIP MidSouth LLC	O	133,899	FMV
VIP MidSouth LLC	Q	251,376	FMV
Vanderbilt Integrated Providers	O	240,597	FMV
Vanderbilt Integrated Providers	B	300,000	FMV
Vanderbilt Health and Williamson Medical Center Clinics and Services LLC	J	85,518	FMV
Vanderbilt Health and Williamson Medical Center Clinics and Services LLC	O	10,409,349	FMV
Vanderbilt Health and Williamson Medical Center Clinics and Services LLC	Q	2,949,538	FMV
Vanderbilt Imaging Services LLC	O	545,796	FMV
Vanderbilt Imaging Services LLC	Q	2,234,735	FMV
Vanderbilt Imaging Services LLC	S	4,321,403	FMV
New Light Imaging LLC	O	570,669	FMV
New Light Imaging LLC	Q	73,754	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
New Light Imaging LLC	S	602,931	FMV
Williamson Imaging LLC (Cool Springs Imaging)	Q	2,518,222	FMV
One Hundred Oaks Imaging LLC	Q	2,731,836	FMV
One Hundred Oaks Imaging LLC	S	1,205,313	FMV
Perpetual Trusts (1)	S	256,464	FMV